

**“A CLINICAL STUDY ON
SIDDHA STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOLS AND
INCLUDING LINE OF TREATMENT AND DIETARY REGIMEN OF
PITHA THALAI NOKKADU (MAXILLARY SINUSITIS)”**

The dissertation Submitted by
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Under the Guidance of
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THE TAMILNADU DR. MGR MEDICAL UNIVERSITY

*In partial fulfilment of the requirements
For the award of the degree of*
**SIDDHA MARUTHUVA PERARIGNAR
DOCTOR OF MEDICINE (SIDDHA)
BRANCH V – NOI NAADAL**



**POST GRADUATE DEPARTMENT OF NOI NAADAL
THE GOVERNMENT SIDDHA MEDICAL COLLEGE
CHENNAI – 106
OCTOBER 2017**

**THE GOVERNMENT SIDDHA MEDICAL COLLEGE
CHENNAI - 106**

DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation entitled “**A CLINICAL STUDY ON SIDDHA STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOLS AND INCLUDING LINE OF TREATMENT AND DIETARY REGIMEN OF PITHA THALAI NOKKADU (MAXILLARY SINUSITIS)**” is a bonafide and genuine research work carried out by me under the guidance of Associated Professor **Dr. S.K.SASI M.D(S)**, Post Graduate Department of Noi Naadal Dept , Govt. Siddha Medical College, Arumbakkam, Chennai - 600 106, and the dissertation has not formed the basis for the award of any Degree, Diploma, Fellowship or other similar title.

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THE GOVERNMENT SIDDHA MEDICAL COLLEGE

CHENNAI - 106

CERTIFICATE BY THE GUIDE

This is to certify that the dissertation entitled “**A CLINICAL STUDY ON SIDDHA STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOLS AND INCLUDING LINE OF TREATMENT AND DIETARY REGIMEN OF PITHA THALAI NOKKADU (MAXILLARY SINUSITIS)**”

is submitted to the Tamilnadu Dr.M.G.R.Medical University is partial fulfillment of the requirements for the award of degree of M.D. (Siddha) is the bonafide and genuine research work done by **Dr. T.SURESH** Under my supervision and guidance and the dissertation hasnot formed the basis for the award of any Degree, Diploma, Associateship, Fellowship or other similar title.

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Date:

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THE GOVERNMENT SIDDHA MEDICAL COLLEGE

CHENNAI - 106

ENDORSEMENT BY THE HOD, PRINCIPAL / HEAD OF THE INSTITUTION

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is a bonafide work carried out by **Dr.T.SURESH** during the year 2014 - 2017, under the guidance of **Prof.Dr. S.K.SASI . M.D(S)** Post Graduate department of Noi Naadal, Govt. Siddha Medical College and Hospital, Chennai - 600 106.

Seal & Signature of the HOD

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Date :

Place : Chennai

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INTRODUCTION

1. INTRODUCTION

Siddha System of medicine is one of the traditional system and oldest system of medicine . The Siddha System based on Meigna Thathuvam. The Siddha System of medicine is not only used to cure to prevent disease and in turn.

To increase the life span of human being Siddha medicine also show how to lead healthy life by following basic Principals and eating healthy diets.

“அண்டத்தில்உள்ளதேபிண்டம்,

பிண்டத்தில்உள்ளதேஅண்டம்”

- என்பதுசட்டமுனிசித்தரின்வாக்கு

According to Siddha System of medicine, Thathuvam , is considered as a science that explain the function of the human body the cradle to the grave.

The five sense are taste slight , touch, sound and smell , may be deemed to have complicated the nature of the world.

According to this system the universe , originally consisted of atoms which contributed to the fire basic elements via Earth, water fire ,air and ether , which correspondent to fire senses of the human body .Our siddha medical science is based on Panchaboothic and mukkuthra theory. The imbalance of these three mukkutheras leads various disease.

In this system siddhars used thridosa, theory for diagnosing and training the disease . The Siddha System Given Envagi Theravu, Naadi , sparism, naa ,Niram, vizhi, malam, & moothrium and mukkutral iyal.Siddhars classified theDisease into different to places and accounted the total diseases for human body.

As 4448 diseases. The diseases PitthaThalainokkdu is classified under 86 types 07 Vatha. 134 millions of Indian Suffer From Maxillary Sinusitis 29.4 milliom12.37 affected in Indian for Maxillary Sinusitis.

**AIM
AND
OBJECTIVES**

2.AIM AND OBJECTS

AIM:

To evaluate eight fold examinations of azhal thalai nokkadu as mentioned in yugi vaithiya chinthaamani.

OBJECTIVES :

PRIMARY OBJECTIVES:

- *To observe the clinical presentation of this disease.
- *To collect the clinical diagnostic on the basis of siddha literature.
- * Manikadai nool.

SECONTARY OBJECTIVES:

- *To derive the line of treatment of this disease of siddha pathogenesis.
- *To establish the dietary regimen for this disease.

**REVIEW OF
SIDDHA LITERATURE**

3.REVIEW OF SIDDHA LITERATURE

PITHA THALAINOKKADU

Pitha thalainokkadu comes under 80 types of the Vatha diseases described in Yugi Muni Vaithiyachinthamani 800.

In siddha system of medicine, according to the derangements of thiridhosas, (vatham, pitham, iyyam) diseases are classified into 4448 types. The treatment is not only for pathological body but also for the spiritual body.

“மகினும் குறையினும் நோய்செய்யும் நூலோர்

வளி முதலா எண்ணிய மூன்று”

-திருவள்ளுவர்

VATHAM

Vadham or vali is not mere wind but also causes motion, energy and sensation of every cell in the body. Vayu, one amongst the uyirthatukal and panchapootham (five elements of earth).

“வாதமாய் படைத்து பித்த வன்னியாய் காத்து

சேத்ம சீதமாய் துடைபுட்”

- தேரன் மருத்துவ பாரதம்

Vatham is responsible for edifice of works and movements of various parts of our body. When Valikutram is vitiated it produces

- Pricking pain
- Tingling pain
- Loss of functions of affected areas at later stage
- Gnawing

SYNONYMS

Vayu, vali, Arasan.

DEFINITION

It is defined as, whenever the vathakuttram exceeds or decreased in its level it shows the symptoms likes, pricking and irritating pain, disability to do works, tremors, and e.t.c.

ETIOLOGY

According to Yugi Muni Vaithiyachinthamani 800

என்னவேவாதம்தானெண்பதாகும்

இகத்திதேமனிதர்களுக்குகெய்யுமாறு

பின்னவேபொன்தனையேசோரஞ்செய்து

பெரியோர்கள் பிராமணரை தூஷணித்தும்

வன்னவேவற்சொத்திற் சோரஞ் செய்து

மாதாபிதாருருவைமறந்தபேர்க்கும்

கன்னவேவேதத்தைநிந்தைசெய்தால்

காயத்திற் கலந்திடுமேவாதந்தானே

பாடல் 243 பக்கம் 92

“தானென்றகசப்பொடுதுவர்ப்புறைப்பு

சாதகமாய் மிஞ்சுகிலுஞ் சமைத்தவண்ணம்

ஆனென்றவாறினதுபொசித்தலாலும்

ஆகாயத் தேறலதுகுடித்தலாலும்

பானென்றபகலுறக்கமிராவிழிப்பு

பட்டினியேமிகவுறுதல் பாரமெய்தல்

தேனென்றமொழியார் யேற் சிந்தையாதல்

சீக்கிரமாய் வாதமதுசெனிக்ருந்தானே”

பாடல் 244 பக்கம் 92

- Breach of trust.
- Abusing the elderly people and priests.
- Exploitation of charitable properties.
- Ingratitude with father, mother & teachers.
- Excessive consumption of bitter, astringent, and pungent taste food.
- Intake of rancid foods.
- Drinking of rain water.
- Sleeping during day and awakening during night.
- Starvation.
- Lifting or carrying of heavy loads.

ACCORDING TO THERAYAR VAGADAM

வாயு கோபித்தால் சந்து அளைந்து தலைநோவாம்

மிக்கமுர் கொட்டாவி விட்டது கெரிய மலங்கட்டும்

ஒக்க நரம்பு தான் முடங்க மூலமந்துவாய் நீருறிவரும்

மிக்க குளிரும் நடுக்கமாம் மேனி குன்றி வருங்காணே

-பக்கம் 76

- Pain in the joints
- Headache
- Excessive yawning
- Constipation
- Excessive salivation
- Burning sensation of the body
- Chillness and tremor.

ACCORDING TO AGASTHIYAR GUNAVAGADAM

தொல்லை செய்யஇன்னும்வெகு வாதநோய்கள்
தொல்லுலகில் மாந்தருக்கு காண்பதுண்டு
எல்லையில்லா வாதநோய்கள் நேர்மை தன்மை
இயல்பாக அறிந்திடவே விபரங்கேளே
விவரமடா அசதிசன்னி மூளை நோவு
விரிவான மூளையது மிருதுவாகி
அவனிதனில் திடமாகப் போவதாலும்
அப்பனே மூத்திரக் குண்டிக்காய் வியாதியாலும்
தாவமுனிவர் தீர்காக்கை மேகரோகம்
தன்மையுள்ள முத்தண்டுக் கொடி வியாதி
அவமிலாப் பாரிச நரம்பழுத்தங் கண்டாய்
அணுகுமடா வாதநோய் ஆகும் பாரே
அணுகுமடா மாமிசத்தின் வியாதியாலும்
அப்பனே சூதகத்தின் பெருக்காலும்
குணமில்லா இரசம்வங்கம் தின்னாலும்
குடிகெடுத்த வாதமது உண்டாமப்பா

- பக்கம் 16

- Brain disease
- Kidney diseases
- Sexually transmitted diseases
- Vertebral column & spinal diseases
- Menorrhagia
-

ACCORDING TO PARARASASEKARAM

தொழில் பெறுகைப்புக் கார்த்தல் துவர்த்தல் விஞ்சுகிணுஞ் சோறும்
பழையதாம் வரகு மற்றையப் பைந்திணை யருந்தினாலும்
எழில் பெறப்பகலுறங்கி இரவினி லுறங்காத தாலும்
மழைநிகர் குழலினாளே வாதங்கோ பிக்கும் கானே.

-பக்கம்-12

- Consumption of excessive bitter taste
- Astringent
- Savouries
- Cereals
- Rancid food
- Day time sleep
- Lacking night sleep

ACCORDING TO THERAYAR MAHAKARISAL

ஆகங் கறுக்கு நோ யாகந்துடிக்கு
 ஆறாத்தீ யென்னமெய் யேகங் கொதிக்கும்
 ஆருமெய் வியர்திமிர் மீதந்தம் வாய்மூச்சு
 ஆகுமேயிது வாத மேலினி

- பக்கம் 15

- Discolouration of normal skin
- Burning sensation of body
- Sweating
- Numbness
- Dyspnoea

ACCORDING TO AGASTHIYAR GUNAVAGADAM

அம்புவியில் வாதநோய் வருகும் நேர்மை
 அப்பனே சொல்லுகிறே னறிவாய்க் கேளு
 தெம்புடனே ஓரிடத்தி லேனு மப்பா
 தெளிவாகப் பலவிடத்தி லேனு மப்பா

சம்பிரமாய்ப் பரிசு நரம்பி லேனு
 சதிரான சலன நரம்பி லேனு மப்பா
 கம்பிதமா யிரண்டுமல்லாமற் போனால்
 கடிதான ஸ்தம்பனரோக மென்றே சொல்வாய்

- பாடல் 121 பக்கம் 31

- This poem is the evidence for, that vadha diseases may occur in a single or many places
- Vatham may affect both the sensory and motor nerves.

ACCORDING TO AGASTHIYAR KANMA KANDAM 300

நூலென்ற வாதம் வந்தவகை தானேது
 நுண்மையாய்க் கன்மத்தின் வகையை கேளு
 காலிலே தோன்றியது கடுப்ப தேது
 கைகாலிலே முடங்கியது வீக்கமெது
 கோலிலே படுக்கின்றவிருட்சமான
 குழந்தை மரந்தனை வெட்டல் மேல்தோல் சீவல்
 நாளிலே சீவசெந்து கால் முறித்தல்
 நல்ல கொம்பு தழைமுறித்தல் நல்த்தல் தானே
 - பக்கம்13

- Removing the barks of living trees
- Causes grievous injuries to animal are the reasons for causing vadhadisease.
-

ACCORDING TO KANNUSAMYAM

மேகத்தில் நீரிழிவு மேஷமதில் வாதநோய்.....

-பாடல் 59, பக்கம்18

ACCORDING TO THERAYAR SEKARAPPA

பிணி யட்டவணைசெப்புவேன் கருப்பொருளி

மதுமேகமெரி ரோகங் வாத.....

NOI EN (CLASSIFICSATIONS)

Following authors says the classification of Vatha diseases

Table No. 1

Sl.No	Name of the Siddha Text	Types
1.	Yugi in the text of Yugivaidhyachinthamani	80
2.	Agasthiyar in the text of Agasthiyar – 2000	80
3.	Agasthiyar in the text of AgasthiyarRathinaSurukkam – 500	84
4.	Dr.Shanmugavelu in the text of NoiNadal and NoiMudhalNadal Part – II	85
5.	Theraiyar in the text of Theraiyarvaagadam	81
6.	Bohar in the text of BoharVaidhdhiyam -700	80
7.	Thanvanthiri in the text of ThanvanthiriVaidhiyam	80
8.	JeevaRakshamirdham	80

The classification of vatha diseases is varied amongst the siddhars. Some them arequoted below:

- According **YugiVaidhyaChindhamani Perunool-800**vatha diseases are classified into 80 types which is quoted below

“என்னவேவாதமதுஎண்பதாகும்”

- But in concluding section of the same text. Eighty-four vatha diseases have been reported

“ஆமப்பாவாதம் தெண்பத்துநாலு

அதனுடையகுணாகுணங்கலடங்கலாக”

யூகிவைத்தியசிந்தாமணிபெருநூல் - 800

- In **Agasthiyar 2000**, eighty types of vatha diseases are classified

எண்பது வாதமாகு மிருவகைப்படுத்திக் காணின்
நன்புறு அரைக்கு மேலே நாற்பது வாதமாகும்
பண்ணேரரைக்கு கீழே பத்து நான்காகும் மென்று
வண்டுசேர் குழலினாளே வாதத்தின் கூறுதானே

-அகத்தியர் 2000

➤ **Bogar classified into 80 types**

வாச்சென்ற வாதம் எண்பதுவும் போகும்

- போகர் வைத்திய 700

➤ According to **JeevaRakshamirdham** and

ThanvandhiriVaidhdiyam Vatha diseases are classified into 80 types.

➤ In **TheraiyarVaagadam** Eighty one types of vadhadieses have been described.

➤ In **AgasthiyarRaththinasurukkam -500**, 84 types of vatha diseases are classified

“மற்றமேவாதரோகம் வகைஎண்பத்துநாலே”

➤ In **NoiNaadal and NoimudhalNaadal Part – II**, 85 types of Vatha diseases are classified.

3.1 PATHOLOGICAL REVIEW

SIDDHA PATHOLOGY

According to Siddha System, human body sustains the state of healthy living via keeping the Three Humours- Vatham, Pitham and Kabam in equilibrium, influenced by dietary habits, daily activities and the environment around. The three humours represent the five basic elements or bhuthas. In case this equilibrium is disturbed, it leads to a condition known as disease. It is basically the derangement of five elements, which in turn alters the Three Humors. There can either be a decrease or increase in the balance.

DISEASE

Disease is also known by other names viz sickness, distemper, suffering and ailment, distress of mind, chronic disease and dreadful illness.

The disease is a disorder with a specific cause and recognizable signs and symptoms and bodily abnormality or failure to function properly except that resulting directly from physical injury

As per “Siddha MaruthuvankaSurukkam” it is defined as follows

“உடலுடன்இணைந்தஉயிர் அனுபவிக்கும்

இன்பஉணர்ச்சிக்குமாறானஉணர்ச்சியேபிணியின் இலக்கணமாகும்”

The following synonyms used to mention the ‘Noi’ in our siddha literatures. They are,

பிணி,வருத்தம்,அச்சம்,துன்பம்,ரோகம்,சுகவீனம்,வியாதி,அசவுக்கியம்,தாதுதோட

வேறுபாடு,வினைபோன்றவைகள்

Classification of diseases

Siddhar have identified four thousand four hundred and forty eight diseases. They have classified the diseases mainly by the basis of three humours and its thontha states. The diseases are identified by the classical method of diagnosis called “EnvagaiThervugal” and other specific parameters which are explained in our siddha science.

General Aetiological factors:

In the siddha system of medicine, the common aetiological factors are generally explained in two ways,

- | | | | |
|----|--------------|---|-------------------|
| 1. | Agakkaranam | - | Intrinsic factors |
| 2. | Purakkaranam | - | Extrinsic factors |
| 3. | Kanmakaranam | - | Genetic factors |

1. Intrinsic Factors

It is mainly concerned with

1. Diet
2. Derangement of Mukkuttram
3. Alteration of Seven UdalKattukkal
4. Drugs
5. Suppression of 14 vegams etc.,

II. Extrinsic Factors

It is mainly concerned with

1. Environmental changes
2. Seasonal changes

3. Nilam
4. Occupation
5. Ozhukkam
6. Omission of preventive aspects

Abnormalities of these intrinsic and extrinsic factors cause diseases which are quoted as follows.

“தன்வினைபுறவினைதாழினும் மிகினும்

உடலைப் பிணிக்குமுண்மையிதுதாமே”

நோய் நாடல் பகுதி

III. Kanmam - Genetic Factors

Kanmavinai is mentioned as an important cause for diseases. “TheranKarisal” has explained the common aetiological factors as follows.

“நோயினுற் பத்திகேள் நோண்மைகூர் மைந்தனே

நோயாளியென்பதறுநோயாளிமுன்னே

நோய்கள் வினைகாதரமுநோய்கள் வரவேது

நோனாமையாலவெகுளிநோனாதபசியால்

நோனாதநீர்பருகல் நோனாதஉணவால்

நோக்கமருணமதாகநோக்கியொழிதொழிலால்

நோக்கரெனநடமாடிநோக்கிநடமிடலாம்

நோட்டக்காரரிநாடிநோட்டமொழிகுரலால்

நோவியர் மாதரொடுநோவமருவுதலால்

நோன்புவிதாதிபலநோய்கவருமெலிவால்

நோஞ்சையெனவணுகுணவுநோவுவயிறுதலால்

நோண்டவரிதெனவேரைநோண்டியேருதலால்

நோனாதவீரமடிநோனவணிகுதலால்

நோய்களுற் பித்திவருநோய்கள் வினைவிதையாய்

நோய்கள் விதைவயலாய் மெய் நோய்கள் வளர் பயிராய்

நோயுதவுபலனாதுநோய்கள் வெகுமேலாம்

நோதகவுரைத்தனமிந் நோய்களைமேலே

நோயினிகலாளர் நோன்மையி .∴ தினியே”

- தேரன் கரிசல்

1. Kanmavinai
2. Dietetic factor
3. Hat redness with other things
4. Emotion and excitement
5. Starvation and fasting
6. Improper intake of water
7. Directly seeing the sun with naked eye
8. Always speaking with high pitched tone
9. Sexual contact with diseased lady
10. Idleness
11. Psycho somatic probelm
12. Wearing wet clothes
13. Complications of diseases

Theran's another view of the aetiological factors are as follows

“ஓலத்தினாலதிகபாரத்தினாலே

ஓவாதவுரையாற்சையோகத்தினாலே

ஓச்சலினாலே ஓட்டலினாலே

ஓட்டவிலாழிபல ஓட்டுதலாலே

ஓடமேநலினால் விடாமழையினாலே

ஓதமேவலினால் வினையோதிமத்தான்

ஓதிமத்தான் ஓதிமத்தாட்டினால்

ஓதிபடிதாமென ஓதியேதலை

ஓரசைவான்வரி ஓசையால் வகை

ஓதனமிஞ்சும் புசிப்பதனால் நீர்

ஓடையிலுந்துங் களிப்பதனாலே

ஓனம் பனைஓதப்பெயர் ஓடஞ்சாடுகிறலால்

ஓங்கலிலேறிமெய் ஓங்கலினாலே

ஓவாக் காதரஓளிமேலுறுமென

ஓதுமாவைத்தியதுமாவென்றர்

ஓதா மாதரர் ஓர்வு.தாமே”- தேரன் கரிசல;

1. Always quarrelling with others
2. Bearing heavy weight
3. Excessive speech
4. Increased sexual inter course
5. Running always
6. Boating and Driving
7. Living in a cold climate
8. Wandering in rain and fog
9. Alcoholism
10. Eating tubers of lotus
11. Improper shaking of head while listening the music

12. Excited state
13. Taking bath in canals
14. Boating in sea
15. Trucking etc.,

“Theriyar” has explained some primary causes for certain diseases.

The Dietetic Factors

Any material that provides the nutritive requirements of an organism to maintain growth and physical well-being is called as food.

Food comprises six suvaikal in appropriate proportion. Suvaikal are formed by the combination of panchapootham, which are responsible for the Uyirthaathu and seven Udalkattukal.

In “THIRUKKURAL” the following quotations are given regarding food and food habits.

“மாறுபாடில்லாதவுண்டிமறுத்துண்ணி
ஹாறுபாடில்லையுயிர்க்கு”
“தீயளவன்றித் தெரியான் பெரிதுண்ணின்
நோயளவின்றிப் படும்.”
மருந்தெனவேண்டாவாம் யாக்கைக்
கருந்தியதற்றதுபோற்றியுணின்.”

So, any alteration in the normal, regular diet will produce changes in the proportion of the Suvaikal, resulting in diseases. It is represented as follows

- Panchapootham
- Arusuva
- Uyirthaathu
- Udalthathu

QUANTITATIVE AND QUALITATIVE CHANGES OF UYIR
THATHUKKALANDUDALTHATHUKAL

HUMOUR	INCREASED	DECREASED
VALI (Vatham)	Wasting, blackish discoloration, affinity to hot foods, tremors, distended abdomen, constipation, weakness, insomnia, weakness in sense organs, giddiness and laziness.	Body pain, feeble voice, and diminished capability of the brain, decreased intellectual quotient, syncope and increased kaba condition.
AZHAL (Pitham)	Yellowish discoloration of conjunctiva, skin, urine and faeces, polyphagia, polydipsia, dyspepsia, burning sensation all over the body and decreased sleep.	Loss of appetite, cold, pallor and features of increased kabam.
IYYAM (Kabham)	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough and excessive sleep.	Giddiness, dryness of the joints and prominence of bones. Profuse sweating in the hair follicles and palpitation.

As per Theraiyar, the cause of disease is vitiated Vatha, Pitha and Kaba, increased appetite, increased thirst, excessive hot, anger, constipation, dysuria polluted water.

UDAL KATTUKKAL	INCREASED FEATURES	DECREASED FEATURES
1.SARAM	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough & excessive sleep.	Dryness of skin, tiredness, loss of weight, lassitude and irritability while hearing louder sounds.
2.SENNEER	Boils in different parts of the body, splenomegaly, tumours, pricking pain, loss of appetite, haematuria, hypertension, reddish eye and skin, leprosy and jaundice.	Affinity to sour and cold food, nervous, debility, dryness and pallor.
3.OON	Tubercular adenitis, venereal diseases, extra growth around neck, cheeks, abdomen, thigh and genitalia.	Lethargic sense organs, pain in the joints, muscle wasting in mandibular region, gluteal region, penis and thighs.
4.KOZHUPPU	Identical feature of increased flesh, tiredness, dyspnoea on exertion, extra musculature in gluteal region, external genitalia, chest, abdomen	Loins pain, splenomegaly and emaciation.

UDAL KATTUKKAL	INCREASED FEATURES	DECREASED FEATURES
	and thighs.	
5.ENBU	Excessive ossification and dentition.	Joint pain, falling of teeth, falling and splitting of hairs and nails.
6.MOOLAI	Heaviness of the body and eyes, swollen interphalangeal joints, oliguria and non-healing ulcers.	Osteoporosis & Blurred vision.
7.SUKKILAM (OR) SURONITHAM	Increased sexual activity, urinary calculi.	Dribbling of sukkilam/ suronitham or senner during coitus, pricking pain in the testis & inflamed and contused external genitalia.

Alteration in Reflexes (14 Vegangal)

There are 14 natural reflexes involved in the physiology of normal human beings. If willfully restrained or suppressed, the following are resulted.

1. Vatham (Flatus)

This urge should not be suppressed. If it is suppressed it leads to chest pain, epigastric pain. Abdominal pain, ache, constipation, dysuria and indigestion predominate.

2. Thummal (Sneezing)

If restrained, it leads to headache, facial pain, low back pain and neuritic pain in the sense organs.

3. Siruneer (urine)

If restrained, it leads to urinary retention, urethral ulcer, joint pain, pain in the penis, gas formation in abdomen.

4. Malam (Faeces)

If restrained, it leads to pain in the knee joints, headache, general weakness, flatulence and other diseases may also originate.

5. Kottavi (Yawning)

If restrained, it leads to indigestion, leucorrhoea, and abdominal disorders.

6. Pasi (Hunger)

If restrained, it leads to the tiredness of all organs, emaciation, syncope, apathetic face and joint pain.

7. Neervetkai (thirst)

If restrained, it leads to the affection of all organs and pain may supervene.

8. Kaasam (Cough)

If it is restrained, severe cough, bad breath and heart diseases will be resulted.

9. Ilaippu (Exhaustiveness)

If restrained, it will lead to fainting, urinary disorders and rigor.

10. Nithirai (Sleep)

All organs will get rest only during sleep. So it should not be avoided. If disturbed it will lead to headache, pain in the eyes, deafness and slurred speech.

11. Vaanthi (Vomiting)

If restrained, it leads to itching and symptoms of increased Pitham.

12. Kanneer (Tears)

If it is restrained, it will lead to Sinusitis, headache, eye diseases and Chest pain.

13. Sukkilam (Semen)

If it is restrained, there will be joint pain, difficulty in urination, fever and chest pain.

14. Swaasam (Breathing)

If it is restrained, there will be cough, abdominal discomfort and Anorexia.

PHYSIO PATHOLOGY OF PITHAM THALAINOKKADU

Mukutraverupadugal, that is three humour changes play major role in the development of the disease. When the mukkutram of the human body or the functional units are being affected by various factors, they immediately disturb the functions of the affected organ.

THE UYIR THATHUKKAL

The physiological units of the Human body are,

- Vali (Vatham)
- Azhal (Pitham)
- Iyyam (Kapham).

They are also formed by the combination of the five basic elements. Accordingly Vali is formed by the combination of Vali (Air) and Aagayam (Space). This is the Creative force. Azhal is formed by Thee (Fire). This is the Force of Preservation. Iyyam is formed by Mann (Earth) and Neer (Water). This is the Destructive Force. These three humors are in the ratio 4:2:1 in equilibrium which is a healthy normal Condition. They are called as the life forces or humours.

THE FORMATION OF UYIR THATHUKKAL

- The Valinaadi is formed by the combination of Abanan and Idagalai.
- The Azhalnaadi is formed by the combination of Piranan and Pinkalai.
- The Iyyanaadi is formed by the combination of Samanan and Suzhumunai.

1. Vatham - Ten types

2. Pitham - Five types

3. Kabam - Five types

VALI

The term vatham denotes vayu, pain, dryness and flatulence. Vatham is responsible for respiration and control of all movements.

Location

Abanan, faeces, Idakalai, Pelvic bone, spermatic cord, skin, nerves, joints, hairs and muscles.

Character

It governs the other two basic elements and responsible for all physical process in general. For this reason, disturbance in vatha tend to have more severe implication than the other two humors and other affect the mind as well as entire physical body and also responsible for respiration.

Functions

Pain in the whole body, twitching, pricking pain, inflammation, reddish complexion, roughness of skin, hardness of limbs, astringent sense of taste in the mouth, constipation, oliguria, blackish discolouration of skin, stool, urine and muddy conjunctiva.

Types of Vathams

Based on functions and locations it is classified into 10 types

1. Piranan (UyirKaal)

Piranan means the forward or primary airforce. It is mainly responsible for respiration and it is necessary for proper digestion and utilization of the food material. It controls the mind and five sensory organs.

2. Abanan(Kizhnokkumkaal)

Responsible for all downwards forces such as voiding of urine, Stools, and semen.

3. Viyanan(paravukaal)

Viyanan means the diffusive air. It is responsible for the nutrition and movement of all movable and immovable parts of the body. It causes the feeling of sensation. It carries the ingested food extracts to the various parts of the body.

4. Uthanan(melnokkukaal)

Responsible for all kinds of upward motion such as nausea, vomiting and eructation.

5. Samanan(nadukkaal)

Considered essential for proper digestion, assimilation and carries the digested nutrients to each and every organ.

6. Nagan

Helps in opening & closing of eyelids.

7. Koorman

Responsible for vision, lacrimation and yawning.

8. Kirugaran

Induces appetite, salivation, all secretions in the body including nasal secretion and sneezing.

9. Thevathathan

Induces and stimulates a person to become alert, get anger, to quarrel, to sleep etc.

10. Dhananjeyan

Resides in the cranium and produces bloating of the body after death. This leaves from the body after 3days of death, forming a way through the skull.

ALTERATION IN VATHAM

1. Piraanan (UyirKaal)

Affected because mind and udalkattugal affected.

2. Abaanan(Kizhnokkumkaal)

Affected due to polyuria, impotence and constipation.

3. Viyaanan(paravukaal)

Affected due to pain, numbness, symmetrical sensory and motor disturbance.

4. Uthaanan(melnokkukaal) - Normal

5. Samaanan(nadukkaal)

Affected due to polyphagia.

6. Naagan - Normal

7. Koorman- Normal

8. Kirugaran- Normal

9. Thevathathan

Affected due to weakness.

10. Dhananjeyan-Normal

AZHAL

Pitham is the thermal life force of the body

Location

Piranavayu, bladder, moolagni, Heart, Umbilical region, abdomen, sweating, saliva, blood, eyes and skin.

Characters

It governs digestion, heat, visual perception, hunger, thirst, luster, complexion, understanding, intelligence courage, softness of the body.

Functions

Acidity, burning sensation in the throat, stomach, yellowish discolouration of skin, eye, urine, sense of defaecation, profuse sweating, dizziness etc.

Types of Pitham

It is subdivided into 5 types.

1. Anarpitham or Paasagapitham

It lies between the stomach and the intestine and causes digestion and dries up the moist ingested substance.

2. Ranjagapitham

This fire lies in the stomach and gives red colour to the chyle and produces blood. It improves blood.

3. Saathagapitham

It gives energy to do the work.

4. Prasakapitham

It gives colour, complexion and lusture to the skin.

5. NokkuAzhai – Alosagapitham

It lies within the eyes and causes the faculty of vision. It helps to visualize things.

ALTERATION IN PITHAM

1. Anarpitham

Affected due to excessive hunger

2. Ranjagapitham

Affected due to anemia

3. Saathagapitham

Affected due to generalized disability.

4. Prasakapitham- Normal

5. Alosagapitham – Normal

IYAM

Kabam is life representation of Appu and Mann pootham. It is responsible for maintenance of body structure and also responsible for the defence mechanism

Location

Samanan, Suzhumunai, Vinthu, head, fat, bone marrow, blood, nose, colon, joints, chest, tongue etc.

Characters

It governs stability, lubrication, holding together of the joints, ability to cope with hunger, thirst, worry, heat ect.

Functions

Fair complexion, itching, dullness, cold, heaviness, loss of sensation. sweetness in mouth, indigestion etc.

Types of Kabam

It is subdivided into 5 types-

1. Azhaliyyam - Avalambagam

Heart is the seat of Avalambagam . It controls all other 4 Iyyams.

2. Neerpaiyyam - Kilethagam

Its location is stomach. It gives moisture and softness to ingested food.

3. Suvaikaaniyyam - Pothagam

Its location is tongue. It is responsible for the sense of taste.

4. Niraivuriyyam - Tharpagam

It gives coolness to the eyes.

5. Ondriiyyam - Santhigam

It gives lubrication to the bones particularly in the joints.

ALTERATION IN KABAM

1. Avalambagam- Affected

2. Kilethagam

Affected due to polyphagia

3. Pothagam- Normal

4. Tharpagam

Affected due to Burning sensation of eyes.

6. Sant

7.

8. higamffected

Affected due to joint pain.

THE UDAL THATHUKKAL

UdalThathukkalare the basic physical constituents of the body. They are also constituted by the five elements. It maintains the function of different organs, systems and vital parts of the body. They play a very important role in the development and nourishment of the body.

The Udal kattukkal are also part of the biological protective mechanism with the help of the agni, they are responsible for the immune mechanism. When one thathu is defective, it affects the successive thathu, as each thathu receives its nourishment from the previous thathu.

SEVEN PHYSICAL CONSTITUENTS OF THE BODY

1. Saram - Chyme

It contains nutrients from digested food and nourishes all the tissues, organs and systems. It enriches the blood.

2. Chenneer - Blood

It governs oxygenation in all tissues in vital organs. It is responsible for the nourishment, strength, vigour and valour of the body.

3. Oon-Muscle

It gives lookable contour to the body as needed for the physical activity. It performs the movements of the joints and maintain the physical strength of the body.

4. Kozhuppu - Fat

Maintains the lubrication of all tissues and gives energy to the body.

5. Enbu - Bone

Support and protect the organs and is a fundamental requirement for posture, movement of the body.

6. Moolai – Bone marrow

Bone marrow nourishes the bone and the brain is the centre of every other – system of the body.

7. Sukkilam (or) Suronitham – Sperm (or) Ovum

Responsible for reproduction.

ALTERATION IN UDAL THATHUKKAL

1. Saram

Affected due to physical and mental disability.

2. Chenneer

Affected due to increased blood sugar level.

3. Oon – Affected due to joint pain.

4. Kozhuppu- Affected due to dryness of joints.

5. Enbu- Affected due to emaciation.

6. Moolai- Affected in the chronic stage

7. Sukkilam- Affected due to impotence.

KOSAM – 5

1. Annamaya Kosam(Paru Udambu)

Formed by 7 udal thathukkal

2. Pranamaya Kosam(Vali Udambu)

Formed by the combination of Pranan and Kanmenthiriyam.

3. Manomaya Kosam(Mana Udambu)

Formed by the combination of Manam and Gnanenthiriyam.

4. Vignanamaya Kosam(Arivudambu)

Formed by the combination of Buthi and Gnanenthiriyam.

5. Aananthamaya Kosam(Aananthamaya Kosam)

Formed by the combination of Pranavayu and Suluthi.

ALTERATION IN KOSAM

1. Annamaya Kosam

Affected due to , increased blood sugar level, jointpain.

2. PranamayaKosam

Affected due to motor disturbance, constipation, impotence in some cases.

3. ManomayaKosam

Affected due to presence of burning sensation in hands and feet,

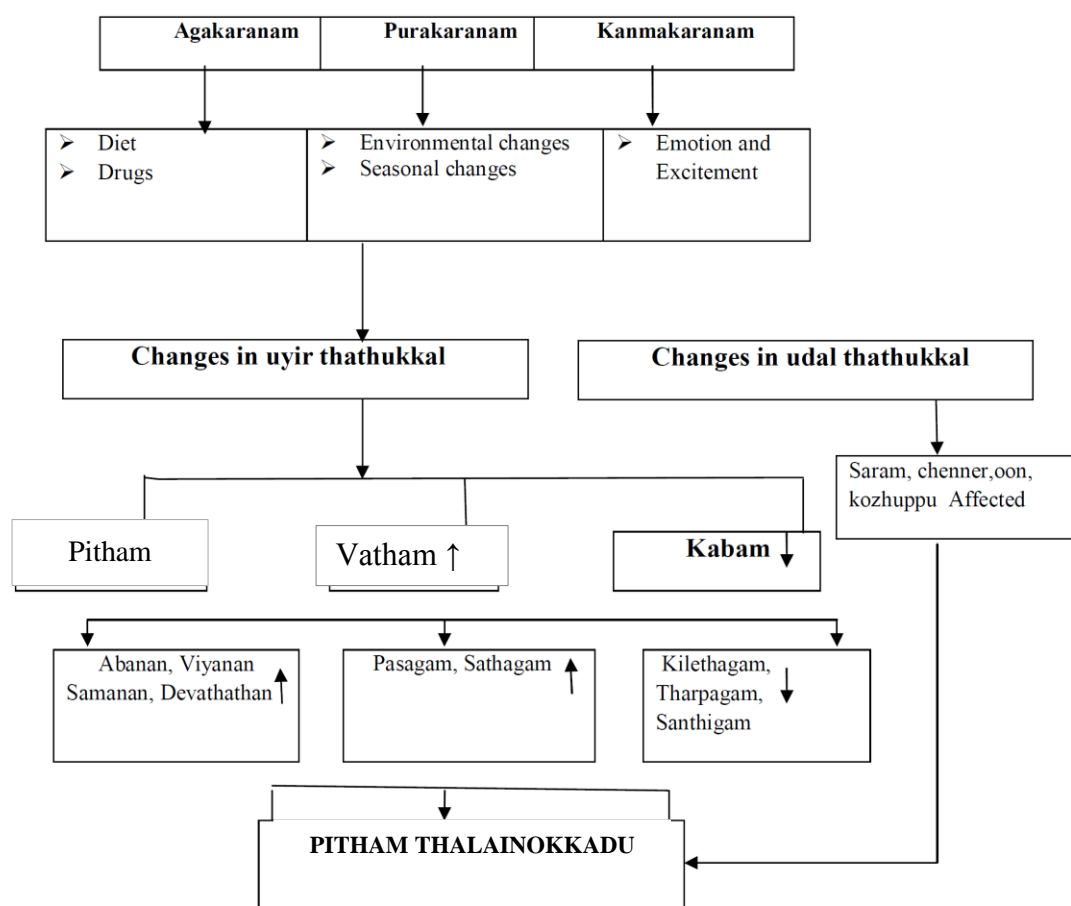
4. VinganamayaKosam

Affected due to motor disturbance, and tenderness present in hands and feet.

5. AananthamayaKosam

Affected due to sleeplessness, and depression.

ETIOPATHOGENESIS OF PITHA THALAINOKKADU



- Due to agakaranam, purakaranam and kanmakaranam leads to alteration uyir thathukkal.
- In pitham pasangam, sathagam are increased in their level.
- In Vatham abanan, viyanan, samanana, and devathathan are increased in their level.
- In Kabam Kilethagam, tharpagam, and santhegam are decreased in their level.
- Then in udalkattukal Saram, chenner, oon, kozhuppu are affected, which leads to the disease pitham Thalainokkadu

3.2 DISEASE REVIEW PITHA THALAINOKKADU

Pitha thalainokkadu is one among the 80 types of Vathanoigal. The major symptoms are pain and numbness over the sole of the foot, irritating pain in both extremities that pain radiates to the whole parts of body.

ELUCIDATION ABOUT AZHAL THALAINOKKADU

“வண்மையாய்நிற்கின்றமூக்குதானும்
வடிந்துமேநீர்பாய்ந்துதலைகனத்து
வெண்மையாய்வாய்நீர்தான்மிகவும்ஊறி
மீறியேஉண்ணாக்கைப்பற்றிநொந்து
திண்மையாய்ச்செவிதனிலேகுத்தலுண்டாய்ச்
சிரசுதான்பாரமாய்மிகக்கனக்கும்
கண்மையாய்கண்ணொடுபுருவங்குற்றும்
கனமானபித்தத்தின்தலைநோக்காடே.”

- யுகிவைத்தியசிந்தாமணி பாடல் 327 பக்கம்எண் 125

பித்த தலைநோக்காடு	MAXILLARY SINUSITIS
மூக்குதானும் வடிந்துமே நீர் பாய்ந்து	Rhinorrhoea
தலைகனத்து	Headache
வாய் நீர்தான் மிகவே ஊறி	Excessive salivation
உண்ணாக்கை ; பற்றி நொந்து	Pain in uvula
செவிதனிலே குத்தலுண்டாய்ச்;	Pain in the ear
சிரசுதான் பாரமாய் மிகக்கனக்கும்	Heaviness of the head
கண்ணொடு புருவக் குற்றும்	Pain and tenderness in the eye and over the eyebrow

The symptoms of thalainokkadu found as mentioned in the text Yugi Muni VithiyaChimthamani closely resembles the symptoms found in the following texts.

DESCRIPTION OF PITHATHALAI NOAKKADU IN VARIOUS TEXT BOOKS IN DIFFERENT NAMES

According to Pararasasekaram – Sira Rogam

சென்னி வேர்க்கு மயிர்முறியுஞ் சீறு நாசி நீர்வடியும்
இன்னே சுகந்தத் துர்க்கந்த மிரண்டு மணவா திடியுண்டாம்
அன்ன நடையாய் பல்லலையும் வாயு நாறு மலகுனையும்
மின்னே மண்டை யுட்பண்ணாய் மேன்மேற் கோழை விழு மன்றே.”

- Rhinorrhoea
- Head ache
- Halitosis
- Expectoration

According to Siddhar Aruvai Maruthuvam

“மூளையிற் பித்தஞ் செய்யுங் குணத்தினை மொழியக் கேண்மோ
நாளிலே யுடம்பு வற்றி நலங்கெட வெளுத்து நாவும்
கோளதாய் வறண்டு கைக்குங் குணங்கெடப் புலப்ப முண்டாம்
ஊளை நீர் நாசி யாலே விழுந்திடு மொடுப்புண் ணாமே.”

- சித்தர் அறுவை மருத்துவம் பக்க எண் 150

- Paleness of tongue
- Rhinorrhoea

According to Siddhar Aruvai Maruthuvam

“கோத்தநீர்த் தோடத்தாற் கொண்டெழுச்சி __ தோற்றில்
தலைவலிக்கு மூக்கடைங்குந் தக்கபிடர் கனக்கும்
உலையுஞ் செவியுள் ளுடையும்.”

-சித்தர் அறுவை மருத்துவம் பக்க எண் 161

- Heaviness of head
- Head ache
- Nasal block

According to Pararasasekaram – Sira Rogam

உச்சி யிடிக்கு மயிர்முறியு முறக்கம் பெரிதா முகங்கறுக்கும்
அச்சந் தோன்றுங் கைகால்க ளயரும் வேர்க்கும் விழிசிவக்கும்
பச்சென நிருக்கு நாசியிற்சீப் பாயு நாறும் புலால்போலக்
கச்சிற் கனத்த முலையாளே கபால சேற்ப மிதுகானே.

-பரராசசேகரம் - சிரரோகம்

- Headache
- Fatigue
- Sweating
- Redness of eyes
- Pus drain into the nose

மேவிய கபால சேத்ம வாதஞ்செய் குணங்கள் கேளாய்
கூவிய சிரத்தில் வேர்வை கொண்டிடுங் குலைப்பு முண்டாம்
பூவிய விழிமுகக் கூடே பாய்ந்திடுஞ் சீயுநீரும்
தூவிய நெஞ்சு நொந்து சலம்விழு மிருமந்த தானே

-பரராசசேகரம் - சிரரோகம்

- Sweating in the head
- Watery of the eyes
- Rhinorrhoea

3.3 REVIEW OF SIDDHA DIAGNOSTIC PROCEDURES

The Diagnostic procedure in Siddha system is unique as it is made purely on the basis of clinical acumen of the physician. The diagnosis is arrived from,

- ❖ Poriyal arithal and Pulanal arithal (examination of sense organs)
- ❖ Vinaathal (Interrogation)
- ❖ Envagai thervu (eight fold examination)
- ❖ Manikkadai nool (wrist circumference sign)
- ❖ Assessment of deranged three dosham(humours),Udal thathukal and 96 principles.

PORIYAL ARIDHAL

The physician should examine the patient's porigal by his porigal.

- | | | |
|----------|---|--------------------------------|
| 1. Mei | - | To feel all types of sensation |
| 2. Vaai | - | For knowing taste |
| 3. Kan | - | For vision |
| 4. Mooku | - | For knowing the smell |
| 5. Sevi | - | For hearing. |

PULANAL ARITHAL

The physician should examine the patient's pulangal by his porigal and pulangal.

- | | | |
|--------------|---|--------|
| 1. Hearing | - | Ear |
| 2. Vision | - | Eye |
| 3. Taste | - | Tongue |
| 4. Sensation | - | Skin |
| 5. Smell | - | Nose |

VINAADHAL(INTERROGATION)

The physician should interrogate the patient's name, age, occupation, native place, socio economic status, dietary habits, present complaints, history of present illness, aggravating factors, history of previous illness.

ENN VAGAI THERVUGAL

Various aspects of siddha regarding 'Enn vagai thervugal'

“அகத்துறு நோயை கரத்தாம லகம்போல்

பகுத்தறிவீர் நாடிப் பரிசம் - தொகுத்த நிறம்

கட்டுவகைச் சொல்மொழிகண் கண்ட மல முத்திரம் நா

எட்டுவகை யாலு மறிவீர்”

- அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

According to Agathiyar Vaithiya Sinthaamani Venba - 4000, the Enn vagai thervu includes Naadi (pulse), Naa (tongue), Niram (color), Mozhi (voice), Vizhi (eyes), Malam (faeces), Neer (urine) and Sparisam (touch and palpation).

“நாடி பரிசம் நாநிறம் மொழிவிழி

மலம் முத்திரம் மருத்துவராயுதம்”

- நோய் நாடல் முதல் பாகம் - தேரையர்.

As per sage Therayar, the eight methods of diagnosis are Naadi (pulse), Naa (tongue), Niram (color), Mozhi (voice), Vizhi (eyes), Malam (faeces), Neer (urine) and Sparisam (touch and palpation).

பதினெண் சித்தர் நாடி சாஸ்திரம்

“பாரீநாடி யறிந்து உணர்ந்து பரமன் செயலும் பிணிமுறையும்

நீரேயோடு மலசலமும் நிறமுங் குணமு முகக்குறியும்

சாரே யிணங்குங்குழல் மடவீர்காலன் நேகம் வயதிளமை

தேரேயறியுமுகநாடி நெறிங்குறியுஞ் செறியுஞ் சொல்வோமே”

- பதினென் சித்தர் நாடி சாஸ்திரம்.

As per sage Agathiyar, Naadi (pulse), Malam (stools), Salam (urine), Niram (complexion), Gunam (character), Mugakuri (facies), Thegam (constitution), Vayathu (age) and Elamai are the diagnostic tools.

அகத்தியர் வைத்திய ரத்தின சுருக்கம்

“நாடியால் முன்னோர் சொன்ன நற்குறிகுணங்களாகும்
நீடிய விழியினாலும் நின்ற நாட்குறிப்பினாலும்
வாடிய மேனியாலும் மலமோடு நீரினாலுஞ்
சூடிய வியாதி தன்னைச் சும் பெற வறிந்து சொல்லே”

- அகத்தியர் வைத்திய ரத்தின சுருக்கம்

According to literature Agathiyar Vaithiya Rathina Surukkam, the diagnostic tools are Naadi, Vizhi, Kurigunam, Nalkurripu, Maeni, Malam and Neer.

1. TONGUE EXAMINATION (நாத்தேர்வு)

“முள்ளாய் வெடித்து கருத்தான் முன்பின் வெளுத்து
தள்ளாநீ ருண்டோ சேர்ந்தால் பசந்தால் - எல்லாம்
நடுவாம் பலபலவாம் நற்சன்னி முன்னோய்
ஒடுநீரில் நாவின்றோது.”

- அகத்தியர் வைத்திய சிந்தாமணி வெண்பா- 4000

As per Agathiyar Vaithiya Sinthaamani Venba-4000, fissured and black tongue represent vitiated humor, pallor represents kabam, green colour represents Pitha humor and mixed appearance of these features resembles Sanni noi.

“பலமான ருசியறியும் நாவின் கூற்றைப்
பகர்கின்றேன் வாதரோகி யின்றன் நாவு
கலமாக வெடித்து கறுத்திருக்கு முட்போல்
கண்டு கொள்வாய் பித்தரோகியின்றன் நாவு

நலமுற சிவந்து பச்சென்றிருக்கும் நட்பிலா
சிலேத்துமரோகி யின்றன் நாவு
தலமதனிலுற்றமுதி யோர்கள் சொன்ன
தன்மையடி தடித்து வெளுத்திருக்கும் பாரே”

- கண்ணுசாமி பரம்பரை வைத்தியம்

In Vali derangement, tongue will be cold, rough, furrowed and has a pungent taste. In Azhal, it will be red or yellow and kaippu taste will be present. In Iyyam, it is pale, sticky and sweet taste will be lingering. In conditions of Thontham, tongue will be dark, with raised papillae and dryness.

2. EXAMINATION OF COMPLEXION (உடல்நிறத் தேர்வு)

“பனைவாத தேகநிறங் கறுத்து நிற்கும்
பைத்தியதேக நிறமஞ்சள் சிவப்பதாமே
தாமே சிலேட்டு மதேகநிறம் வெளுப்பு தான்
தொந்தேகம் இந்நால் விதமாயநிற்கும்”

- தன்வந்திரி (பதினெண் சித்தர் நாடி சாஸ்திரம்)

In Vali, Azhal and Iyyam vitiations, the colour of the body will be dark, yellow or red and fair respectively.

3. VOICE EXAMINATION (ஒலித் தேர்வு)

“பலரோகி வார்த்தைப் பலவிதமாம் வாதத்
தலைரோகி வார்த்தைச் சமமாகும் - நிலைகடந்த
பித்தரோ கிக்குஉயர்ந்த பேச்சுண்டாம் சிலேட்டுமந்தான்
சத்தம்ஈ னச்சுரமாம் தான்.”

- அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

In vitiation of Vali, Azhal and Iyyam the voice will be normal, high pitched and low pitched respectively. By the voice, the strength of the body can also be assessed.

4. THE EYE EXAMINATION (கண் தேர்வு)

“கண்கறுத்து நீரோடில் காலாம் நடுவாகில்

கண்பசக்கும் சொக்கும் கடையாகில் - கண்பீளை

சாடி வெளுக்குமே சன்னிவாதம் பித்தமுமென்

றோடியகா மாலை பசக்கும்”

- அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

As per Agathiyar Vaithiya Sinthaamani Venba - 4000, in vitiated Vali eyes turn black and tears shed. In vitiated Azhal humor, mukkutram and in jaundice yellowish discoloration occurs. In vitiated Iyyam, the eyes turn white.

In Vali disease the tears are dark, in Azhal disease they are yellow, in Iyya disease they are whitish in colour and in Thontha disease the tears are multi coloured. In Vali disease there will be excessive tears. In disturbance of all the three humours, eyes will be inflamed and reddish.

5. FAECES EXAMINATION (மலத் தேர்வு)

“கறுத்தமல பந்தமலங் காலாகும் பித்தம்

சிறுத்தமுட் டிணம்செம்மை சேரும் - பொறுத்தொருக்கால்

சீதமலந் தில்லையுமாம் சேர்ந்தபல ரோகியாம்

மீதமலம் எண்ணிறமு மே.”

- அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

As per Agathiyar vaithiya sinthaamani venba – 4000, in vitiated Vali, the stool is hard and black. In vitiated Azhal, it is hot and red. In vitiated Iyyam it is cool and watery.

In provoked Vali, faeces are hard, dry and black in colour. In Azhal vitiation, it is yellow. In Iyyam, disturbance it is pale.

6. URINE EXAMINATION (நீர்த் தேர்வு)

“ ஓங்கிய வாதத்தோர்க்கு நீர்விழுங் குணந்தா நுரைக்கிற
பூங்கொடி கறுத்துநொந்து சிறுத்துடன் பொருமி வீழும்
பாங்குடன் பித்தத்தோர்க்கும் பசியநீர் சிவந்து காட்டி
ஏங்கவே கறுக்கதாக எரித்துடன் கடுத்து வீழும்
வீழுமே சிலேற்பனத்தோர் நீர்க்குணம் விளம்பக் கேளாய்
நாளுமே வெளத்துறைந்து நலம்பெற வீழுங் கண்டாய்
வாள்விழி மானேதொந்த ரோகமா னிடர்க்குத் தானே
தாளுநீர் பலநிறந்தா னெனவே சாற்றி னோமே”

- கண்ணுசாமி பரம்பரை வைத்தியம்.

'Neer' refers to Urine 'Kuri' refers to Sign. Theraiyar, one of the renowned authors of siddha medicine described urine examination and stages of health. He had explained about the colour and consistency of the urine in vitiated humour and disease. He also emphasised the spreading nature of a single drop of oil on the surface of urine indicating the imbalance of specific dosha and prognosis of the disease. Normal urine is straw coloured and odourless. The time of the day and food taken will have an impact on the colour of the urine.

COLOUR OF URINE

- Yellow colour – similar to straw soaked water – indigestion
- Lemon colour – good digestion
- Reddish yellow – heat in body
- Colour similar to flame of forest red or flame coloured – excessive heat
- Colour of saffron – extreme heat.

As per Sikicharathna theepam,

COLOUR OF URINE

PROGNOSIS

- | | | |
|---------------------------|---|-------------------------|
| • Ruby red or milky white | - | Poor |
| • Honey | - | Slow and take long time |
| • Golden yellow | - | Good |

NEIKKURI (நெய்க்குறி)

“அருந்து மாறிரதமும் அவிரோதம தாய்

அ.கல் அலர்தல் அகாலவூன்தவிர்ந்தழற்

குற்றள வருந்தி உறங்கி வைகறை

ஆடகலசத் தாவியே காதுபெய்

நிறக்குறி நெய்க்குறி நிருமித்தல் கடனே”

-அகத்தியர் வைத்திய ரத்தின சுருக்கம்.

The spreading pattern of oil drop is the indication of Vali, Azhal and Iyyam diseases e.g.

1. Aravu (Snake Pattern of spread) indicates Vali disease.
2. Mothiram (Ring Pattern of spread) indicates Azhal disease.
3. Muthu (Pearl Pattern of spread) indicates Iyya disease.

In Neikkuri, the rapid spread of oil drop, Pearl beaded and Sieve type of spreading pattern indicates Asathiyam (incurable) state of the disease. From this, we can assess the prognosis by the Neikkuri.

SPREADING PATTERN OF OIL

INTERVENTION

- | | | |
|--------------------|---|----------------|
| • Lengthening | - | Vali |
| • Splits | - | Azhal |
| • Sieve | - | Iyyam |
| • Stands as a drop | - | Poor prognosis |

- Slowly spreads - Good prognosis
- Drop immerses into the urine - Incurable disease

7. TOUCH (தொடு உணர்வு)

“வெம்மை குறைந்தாலு மிகுந்தாலும் வாதபித்தம்

தம்மை நிரைநிரையாய்ச் சாற்றுவார் - வெம்மையன்றி

சீதமும்அவ் வாறாகில் சிலேட்டும மொன்றுதொந்த

மீதமும்அவ் வாறாகு மேல்.”

- அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

In Vali disease, some regions of the body are felt chill and in some areas they are hot. In Azhal disease, we can feel heat. In Iyya disease, chillness can be felt. In Thontham diseases, we can feel altered sensations.

8. NAADI(நாடி)

The ‘Pulse Diagnosis’ is unique in Siddha Medicine, which was then introduced to other Indian Systems of Medicine later. The pulse should be examined in the Right hand for male and the left hand for female. The pulse can be recorded at the radial artery.

Naadi is nothing but, the vital energy that sustains the life with in our body. Naadi plays a most important role in Enn vagai thervu and it has been considered as foremost thing in assessing the prognosis and diagnosis of various diseases. Any variation that occurs in the three humors is reflected in the naadi. These three humors organize, regularize and integrate basic functions of the human body. So, Naadi serves as a good indicator of all ailments.

நாடி பார்க்கும் வகை

“இடுமென்ற நாடிகள்பார்க்கும் வகையைக் கேளு
என்னவென்றால் நடுவிரல் நீவிப்பின்னே
அடுமென்ற அடுத்தவிரல் மோதிரமாம் விரலை
அப்பனே இளுத்தபின்பு சுண்டுவிரலிளுத்து
உடுமென்ற தூண்டுவிர லிளுத்து அப்பால்
உத்ததொரு அங்குட்ட விரலைநீ விக்கரத்தில்
படுமென்ற சீயோதி அங்குலமோ தள்ளி
பார்தடவி மூன்றுதரம் சுரம்பார்க்கும் வகையை
வகை என்ன வாதமது ஒண்ணைரையாம் பித்தம்
வளமையொன்று அய்யங்கால் வளமாய்நிற்கில்
பகையில்லை நாடிகளுந் தொந்த மில்லை
பண்பான் சுகரொசரு ரூபக்கூறு சொன்னேன்”

-அகத்தியர் கனகமணி 100

Naadi is felt by,

Vali - Tip of index finger
Azhal - Tip of middle finger
Iyyam - Tip of ring finger

மூவகையும் மாத்திரை அளவும்

“வழங்கிய வாதம் மாத்திரை ஒன்றாகில்
வழங்கிய பித்தம் தன்னில் அரைவாசி
அழங்கும் கபந்தான் அடங்கியே காலோடி
பிழங்கிய சீவற்குப் பிசுகொன்று மில்லையே”

- நோய் நாடல் முதல் பாகம்

The pulse is measured in wheat/grain expansile heights. The normal unit of pulse diagnosis is 1 for Vali (Vatham), ½ for Azhal (Pitham) and ¼ for Iyyam (Kapham).

THE PULSE PLAY

Naadi is compared to the gait of various animals, reptiles and birds,

“வாகிலன்னங் கோழி மயிலென நடக்கும் வாதம்

ஏகிய வாமையட்டை யிவையென நடக்கும் பித்தம்

போகிய தவளை பாம்பு போலவாம் சேத்துமந்தான்”

- நோய் நாடல் முதல் பாகம்

Vali - Movement of Swan and Peacock

Azhal - Movement of Tortoise and Leech

Iyyam - Movement of Frog and Serpent.

“பார்க்கையில் கைவிகாரம் பார்த்தா லாடவர்க்கு

எற்கும் வலக்கை இடக்கை - மடவார்க் காகு”

- அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

Naadi is examined in right side for men and on left side for women.

MANIKADAI NOOL (Wrist circumetric sign)

Agathiyar soodamanikayaru soothiram ..

“கமலக்கை மணிக்கையில் கயறு சூத்திரம்

விமலனே நோக்கியே வேடமாமுனி

திமிலாம் பிணியது சேரச் செப்பியே

அமலனா முனிக்கு முன்னருளிச் செய்ததே”

- பதினெண் சித்தர் நாடி நூல்

According to the Pathinen Siddhar Naadinool, Manikadainool is also helpful in diagnosis. This manikkadai nool is a parameter to diagnose the disease by measuring the circumference of the wrist by means of a thread and then dividing the measured circumference with the patient's finger. By this measurement the disease can be diagnosed.

When the Manikkadai nool is 11 fbs, the person will be stout and he will live a healthy life for many years. When the Manikkadai nool measures between 4 to 6, it indicates poor prognosis of disease and the severity of the illness will be high and it leads to death.

ALAVU

INFERENCE

- 10 fbs - Pricking pain in chest and limbs, gastritis and ulcer result.
- 9 $\frac{3}{4}$ fbs - Fissure, dryness and cough will be resulted.
- 9 $\frac{1}{2}$ fbs - Odema, increased body heat, burning sensation of eye, fever, mega noi and anorexia.
- 9 $\frac{1}{4}$ fbs - Dysuria, insomnia, sinusitis and burning sensation of eye.
- 9 fbs - Impaired hearing, pain around waist, thigh pain, unable toWalk.
- 8 $\frac{3}{4}$ fbs - Increased body heat, skin disease due to toxins, abdominal discomfort, cataract, sinusitis.
- 8 $\frac{1}{2}$ fbs - Leucorrhoea, Venereal disorder and infertility will occur.
- 8 $\frac{1}{4}$ fbs - Stout and painful body, Headache, sinusitis, and toxins induced cough.

- 8 fbs - Abdominal discomfort, gastritis, anorexia and venereal diseases
- $7\frac{3}{4}$ fbs - Piles, burning sensation of limbs, headache, numbness occur. Within 2 years cervical adenitis and epistaxis results.
- $7\frac{1}{2}$ fbs - Osteoporosis, abdominal discomfort, burning sensation of eyes, increased increased body temperature. Within 6 days all the joints of the limbs presents a swelling.
- $7\frac{1}{4}$ fbs - Lumbar pain, increased pitha in head, anemia, eyepain, odemaand somnolence.
- 7 fbs - Pitham ascends to head, haemetemesis, phelgm, burning sensationof limbs and constipation.
- $6\frac{3}{4}$ fbs - Eye ache, dizziness, testis disorder. Within 3 years it causes anuria, pain and burning sensation over limbs, facial sweating results.
- $6\frac{1}{2}$ fbs - Thirst, anorexia, increased body heat and vatham results.
- $6\frac{1}{4}$ fbs - Diarrhoea, belching, vommiting and mucous dysentery.
- 6 fbs - Reduced weight, phlegm in chest. It results in death within 20 days.
- $5\frac{3}{4}$ fbs - Delirium dizziness, loss of conciousness. It results in death if the patient takes gruel diet.
- $5\frac{1}{2}$ fbs - Severity of illness is increased. Toxins spread to the head. Tooth darkensPatient will die in 10 days.
- $5\frac{1}{4}$ fbs - Patient seems to be sleepy and death results on the next day.

- 5 fbs - Pallor and dryness of the body. Kapham engorges the throat and the person will die.
- $4\frac{3}{4}$ fbs - Dryness of tongue and tremor present. Patient will die in 7 days.
- $4\frac{1}{2}$ fbs - Shrunken eyes, odema will present and death result in 9 days.
- $4\frac{1}{4}$ fbs - Tremor, weakness of limbs and darkening of face occurs. Finally death results in 2 days.
- 4 fbs - Pedal odema will be present. Patient will die in 5 days.

ALAVAI

The alavai or logic which is quoted in Sivagnana Siddhar Alavai Nool is also useful in diagnosis. The Alavai is classified into 10 methods.

“அளவை காண்டல் கருதல் உரை அபாவம் பொருள் ஒப்பாறென்பர்
அளவை மேலும் ஒழிபுண்மை யைதித்தோடியல் பெனநான்
களவை காண்பர் அவையிற்றின் மேலும் அறைவர் அவையெல்லாம்
அளவை காண்டல் கருதல் உரை என்றிம் முன்றிலடங் கிடுமே”

- சிவஞான சித்தர் அளவை நூல்

- Kaandal (Observation)
- Karuthal (Inference)
- Urai(Testimony)
- Inmai (Non-Existence)
- Arunthapathi(Deduction)
- Upamaanam(Analogy)
- Ozhibu(Inference by exception)
- Sambavam(Co-existence)
- Aythigam(Tradition)
- Iyyalbu(Natural Interfer

All these are included in the three Kaandal, Karuthal and Urai.

Kaandal is the direct and correct perception of things without doubt and mistake and without the sense of differentiation.

By Karuthal we infer things hidden from certain data by knowledge of their inseperable connection (by succession or co-existence or equality).

Urai alavai will guide us to the knowledge of things unattainable by the foregoing two methods.

MODERN ASPECT

4. MODERN ASPECT

Maxillary Sinus

An antrum is a hollow cavity within the bone called maxillary air sinus maxillary air sinus known as antrum of Highmore named after an English anatomist Nathaniel Highmore who described it. It is one of the Largest paranasal Sinus.

4.1 ANATOMY OF THE MAXILLARY AIR SINUS

It is basically Pyramidal in shape with base of the Pyramid Forming the Lateral nasal wall and apex at the root of the Zygoma

Capacity 10 -15 ml.

Size : Dimension of Sinus are

Height : 3.5 cm

Width : 2.5 cm

Antero Posterior Depth : 3.2 cm

ROOF OF THE ANTRUM

Formed by Floor of the Orbit.

Thin Plate of orbital Plate of maxilla.

FLOOR OF THE SINUS

Alveolar process of the Maxilla

Its level lower than the level of the floor of the nose.

Closely related to root apices of the Maxillary Premolar and molar.

ANTERIOR WALL

Formed by the facial surface of the maxilla

Canine fossa is an important structure of this wall

POSTERIOR WALL

Formed by Sphenomaxillary wall.

A thin Plate of bone Separate the antral cavity from the Infratemporal fossa

MEDIAN WALL

Lateral wall of the nasal Cavity

The Opening of the Sinus is Closer to the roof and thus at a higher than the floor.

Lymphatic Drainage :- Submandibular lymph node.

Nerve Supply :- Infraorbital Nerve.

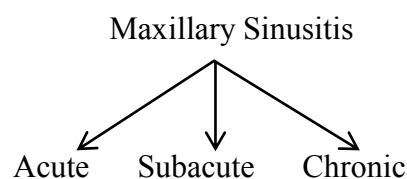
Anterior Superior alveolar nerve

Middle Superior alveolar nerve

Posterior Superior alveolar nerve

MAXILLARY SINUSITIS:-

It is the Inflammation of the Maxillary Sinus.



ACUTE SINUSITIS:-

It is may be superlative or non supurrative inflammation of the antral mucosa.

It is the most frequently infected of the paranasal sinus.

ETIOLOGY

1.Nasal Infection (most Common) Viral rhinitis and influenza are the common infection.

2.Dental infection:-

Infection from the maxillary posterior teeth can easily spread to the maxillary sinus as the plate of bone dividing the root apices from the sinus.

3. Contaminated Swimming Water :-

Diving in such water forcibly directs water into the nasal cavity and then into the sinus.

4.Trauma: -

Fracture of the Maxilla or Zygoma, gun shot wound or penetrating can lead to sinusitis.

Currently, etiology studies of sinusitis are increasingly focusing on ostiomeatal obstructions, allergies, polyps, occult and subtle immunodeficiency status, and dental diseases. Microorganisms are more often recognized as secondary invaders. Any disease process or toxin that affects cilia has a negative effect on CRS.

Bacterial involvement

The bacteria presumed to be involved in CRS differ from those involved in acute rhinosinusitis. The following bacteria have been reported in samples obtained through endoscopy or sinus puncture in patients with chronic sinusitis.

- H influenza
- M catarrhalis
- S pneumonia
- Nocardia species

Fungal involvement:

The following fungi have been reported in samples obtained with endoscopy or sinus puncture in patients with chronic sinusitis.

- Aspergillus species
- Cryptococcus neoformans
- Candida species
- Sporothrix schenckii
- Alternaria species

4.2 PATHOPHYSIOLOGY

Stasis of secretions inside the sinuses can be triggered by mechanical obstruction at the ostiomeatal complex due to anatomic factors or mucosal edema caused by various etiologies(eg, acute viral or allergic rhinitis)

Mucous stagnation in the sinus forms a rich medium for the growth of various pathogens. The early stage of sinusitis is often a viral infections that generally lasts up to 10 days and that completely resolves in 99% of cases. However, a small number of patients may develop a secondary acute bacterial infections that is generally caused by aerobic bacteria (ie, Streptococcus pneumonia, Haemophilus influenzae, Moraxella catarrhalis) initially, the resulting acute sinusitis involves only one type of aerobic bacteria. With persistence of the infections, mixed flora, anaerobic.

Organisms, and occasionally, fungus contributes to the pathogenesis, with anaerobic bacteria of oral flora origin often eventually predominating. In one study, these bacterial changes were demonstrated with repeated endoscopic aspiration in patients with maxillary sinusitis. Most cases of chronic sinusitis are due to acute sinusitis that either is untreated or does not respond to treatment.

The role of bacteria in the pathogenesis of chronic sinusitis is currently being reassessed.

Current thinking supports the concept that chronic rhino sinusitis is predominantly a multifactorial inflammatory disease. Confounding factors that may contribute to inflammation include the following:

- Persistent infections (including biofilms and osteitis)
- Allergy and other immunologic disorders
- Intrinsic factors of the upper airway
- Superantigens
- Colonizing fungi that induce and sustain eosinophilia inflammation
- Metabolic abnormalities such as aspirin sensitivity.

All of these factors can play a role in disruption of the intrinsic mucociliary transport system. This is because an alteration in sinus Ostia patency , ciliary function, or the quality of secretions leads to stagnation of secretions, decreased pH levels, and lowered oxygen tension within the sinus. These changes create a favorable environment for bacterial growth that, in turn, further contributes to increased mucosal inflammation.

CLINICAL FEATURES: -

The Patient gives history of catching cold 3 to 4 days earlier.

Nasal block secondary to rhinitis.

Increase in Purulent, thick, discolored and foul smelling nasal discharge is prominent features.

A sense of fullness and pain on cheek on bending forward.

Patient producing cough secondary to the nasal discharge with onset of pharyngitis

The related maxillary teeth are tender on Percussion.

Nasal resonance – change in the voice due to blocking of sinus.

Constitutional Symptoms – Fever ,Headache, Malaise, difficulty in breathing

DIAGNOSIS: -

1. Water View Radiograph.
2. Trans illumination test : shows opacity involved sinus.
3. Culture : Nasal Secretion may be for culture Sensitivity test to see the Organism involved.

DIFFERENTIAL DIAGNOSES

- Acute sinusitis
- Allergic Fungal Sinusitis
- Allergic reactions
- Benign tumors of the skull
- Chronic sinusitis
- Fever of unknown origin
- Foreign bodies of the Airway
- Fungal sinusitis
- Gastro esophageal Reflux Disease
- Juvenile Nasopharyngeal Angiofibroma
- Malignant Nasopharyngeal Tumors

**MATERIAL
AND
METHODS**

5. MATERIALS AND METHODS

MATERIALS

The clinical study on “**PITHA THALAINOKKADU**” was carried in the out patients in post graduate department of NoiNaadal at Govt. Siddha Medical College, Arumbakkam.

40 cases with clinical signs and symptoms of “**PITHA THALAINOKKADU**” of both sex of different ages were studied under the guidance of faculties of post graduate department.

Selection of patients

The clinical study was done in cases, out of that 40 cases were selected on the basis of clinical symptoms indicated in the siddha text.

CRITERIA FOR INCLUSION:

1. AGE: 12-60 years

SEX: Both male and female.

2. Patients with any clinical features

Nasal discharge

Running Nose

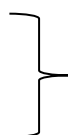
Heaviness of head

Headache

Pain in the ear

Pain and tenderness in the

Eye and over the eyeblow



CRITERIA FOR EXCLUSION:

Symptoms associated with

Sinusitis in Children

Frontal Sinusitis

Ethmoidal Sinusitis

Migrane

STUDY DESIGN

An analytical open label, single centric study

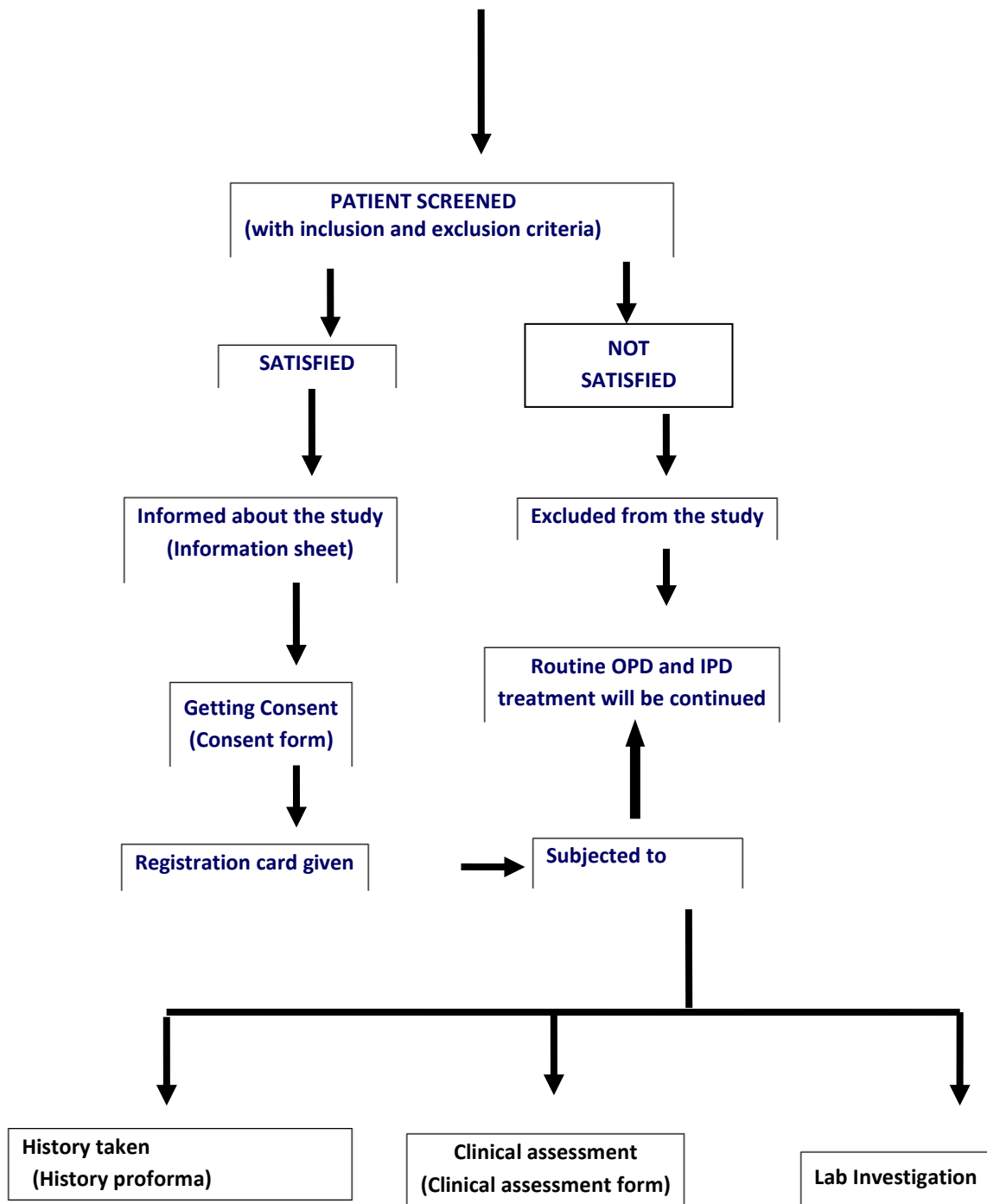
STUDY ENROLLMENT

- In the study, patients reporting at the OPD & IPD of AringarannaGovtHospital with the clinical symptoms of “**PITHA THALAINOKKADU**” will be referred to the Research group. Those patients will be screened using the screening proforma (Form-I) and examined clinically for enrolling in the study based on the inclusion and exclusion criteria.
- After ascertaining the patients willingness, a written informed consent (in regional language) would be obtained from them in the consent form (Form IV).
- The patients who are to be enrolled would be informed (Form IV-A) both in written as well as oral understandable language about the objectives of the study .
- All these patients will be given unique registration card in which patients Registration number of the study, Address, Phone number and Doctors phonenumber etc. will be given, so as to report to research

group easily if any complication arises and the confidentiality will be maintained.

- Complete clinical history, complaints and duration, examination findings all would be recorded in the prescribed proforma in the history and clinical assessment forms separately. Screening Form- I will be filled up; Form I-A, Form –II and Form –III will be used for recording the patient’s history, clinical examination of symptoms and signs and lab investigations respectively.

METHODOLOGY



INVESTIGATIONS DURING THE STUDY

The patients will be subjected to basic laboratory parameters during the study.

Blood

- Total WBC count.
- Differential count.
- Haemoglobin estimation.
- Blood Sugar(F/PP)
- Blood urea
- Serum cholesterol

Urine

- Albumin
- Sugar
- Deposits

SPECIAL INVESTIGATIONS

X-Ray P N S

TREATMENT DURING THE STUDY

Normal treatment procedure followed in AAGH will be prescribed to the study patients and the treatment will be provided at free of cost.

STUDY PERIOD

- Total period - 2yrs.
- Recruitment for the study - Upto 22 months
- Data entry analysis - 1 month

- Report preparation and submission - 1 month

GANNT CHART: (Study Period - 2 years)

ACTIVITIES (Scaled in Months)	1-22th	23rd	24th
Recruitment for the study	1-22 th Month		
Data entry and Analysis		23 rd month	
Report preparation and Submission			24 th month

DATA MANAGMENT

- After enrolling the patient in the study, a separate file for each patient will be opened and all forms will be filed in the file. Study No. and Patient No. will be entered on the top of file for easy identification and arranged in a separate rack at the concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patient file will be taken and necessary recordings will be made at the assessment form or other suitable form.
- The screening forms will be filed separately.
- The Data recordings will be monitored for completion and adverse event by HOD and Faculty of the department. Any missed data found in during the study, it will be collected from the patient, but the time related data will not be recorded retrospectively
- All collected data will be entered using MS access/excel software onto computer.

- Investigators will be trained to enter the patient data and cross checked by SRO

STATISTICAL ANALYSIS

All collected data will be entered into a computer using MS Access / MS Excel software by the investigators. Descriptive analysis will be made and necessary tables / graphs generated to understand the profile of patients included in the study.

OUTCOME OF THE STUDY

Analysis of Sage Yugi's symptomatology and categorizing the results with present day modern classification of diseases which may reinforce and augment the understanding and diagnosis of the disease **Pitha Thalainokkadu** and its management mentioned in Siddha literature.

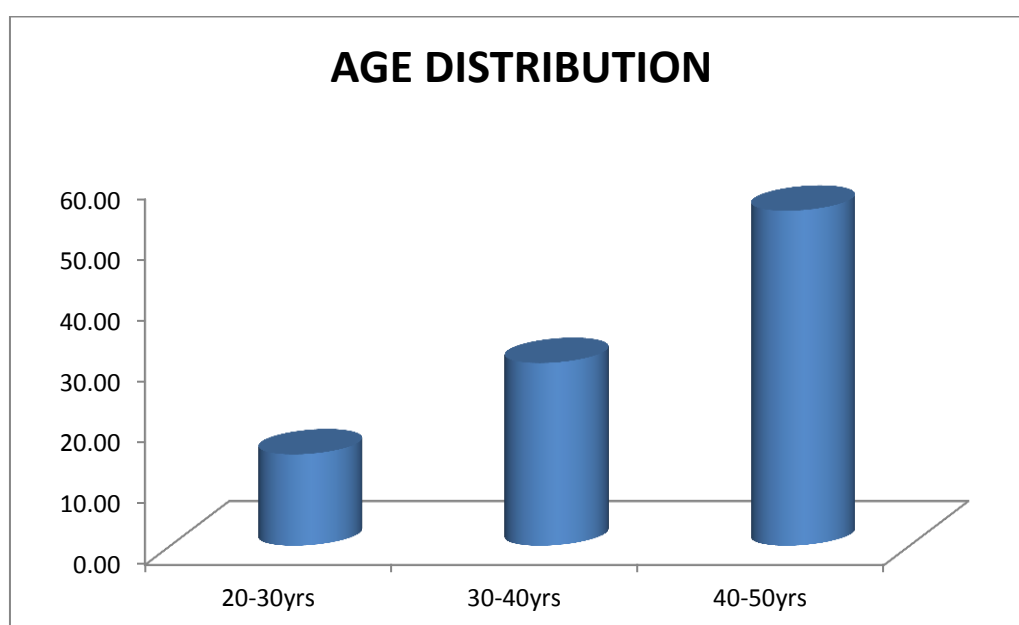
1. Establishing the diagnostic characteristics of **"Pitha Thalainokkadu"** through
 - (1) Eight fold examination
 - (2) Manikkadainool
 - (3) Yakkaielakkanam
2. May either agree or disagree with siddha eight fold examination (envagaithervu) with the finding and if positive, a separate diagnostic data set may be created which will be useful in the primary level health care centre.
3. From the recorded treatment guideline & Dietary regimen, a statistical data will be arrived to measure their benefit.

**OBSERVATIONS
AND
RESULT**

6. OBSERVATIONS AND RESULTS

Table:6.1- AGE DISTRIBUTION

Sl.No	Age	No. of Cases	Percentage
1.	20 -30yrs	6	15%
2.	30 -40yrs	12	30%
3.	40 -50yrs	22	55%



OBSERVATION

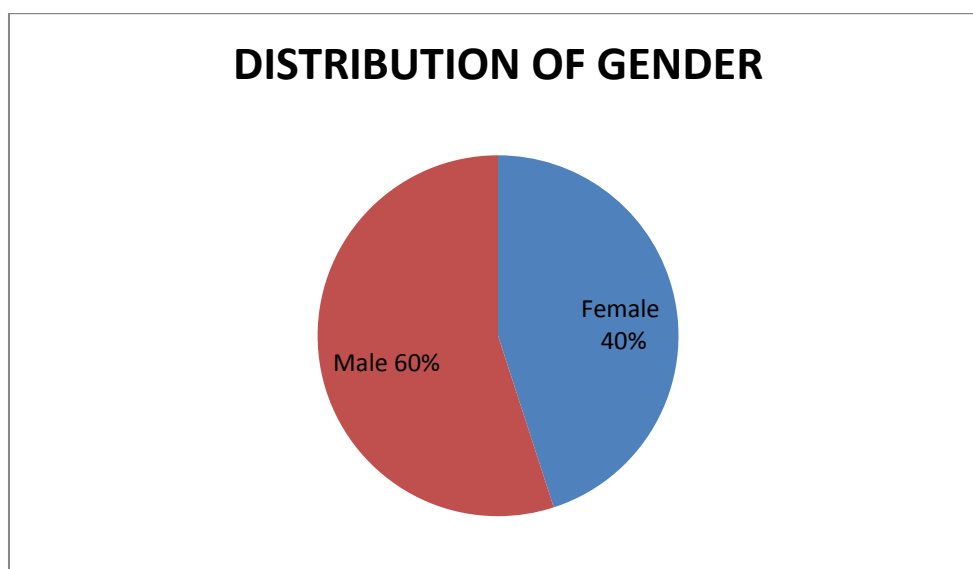
Among 40 cases, 55% of cases came under 40 –50yrs, 30% of cases came under 31 –40yrs, and 15% of cases came under 20 – 30yrs.

INFERENCE

55% of cases came under age group of 40 –50yrs.

Table:6.2 - DISTRIBUTION OF GENDER

Sl.No	Sex	No. of Cases	Percentage
1.	Male	24	60%
2.	Female	16	40%



OBSERVATION

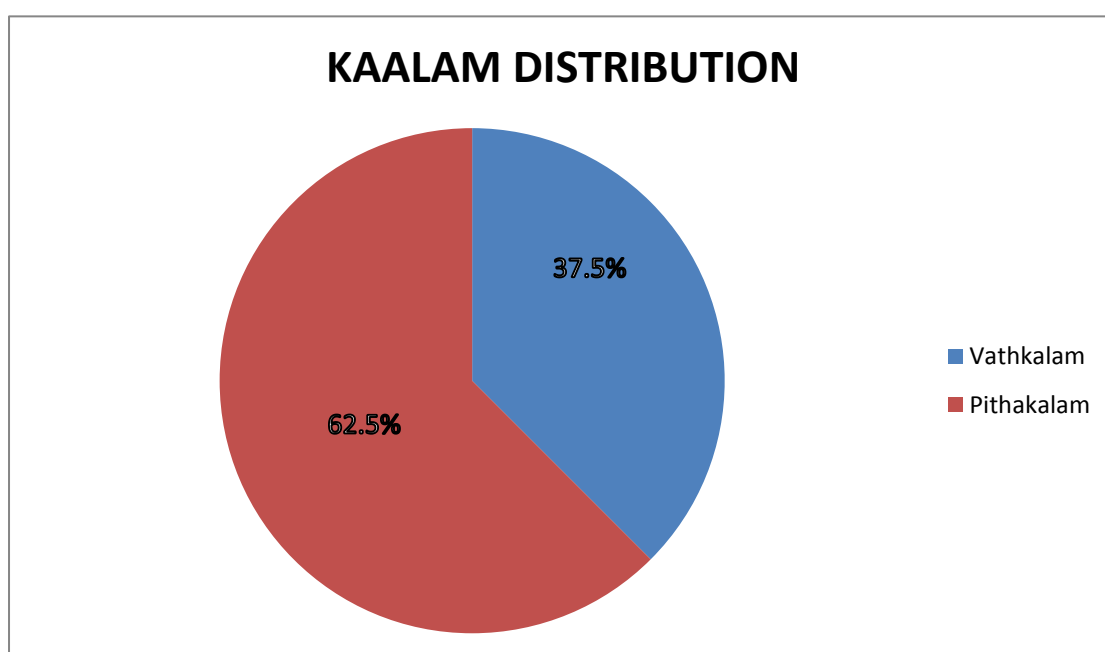
Among 40 cases, 60% of cases are males, and 40% cases are female.

INFERENCE

In the study 60% of cases affected were females. Due to decreased physical activity and stress induced factors they may develop the disease faster as compared to males.

Table :6.3 -AYUL KAALAM DISTRIBUTION

Sl.No	Ayul kaalam	Number of cases	Percentage (%)
1	vaadha kaalam (0-33 years)	15	37.5%
2	Pitha kaalam (34-66 years)	25	62.5%
3.	kaba kaalam (67-100 years)	-	



OBSERVATION

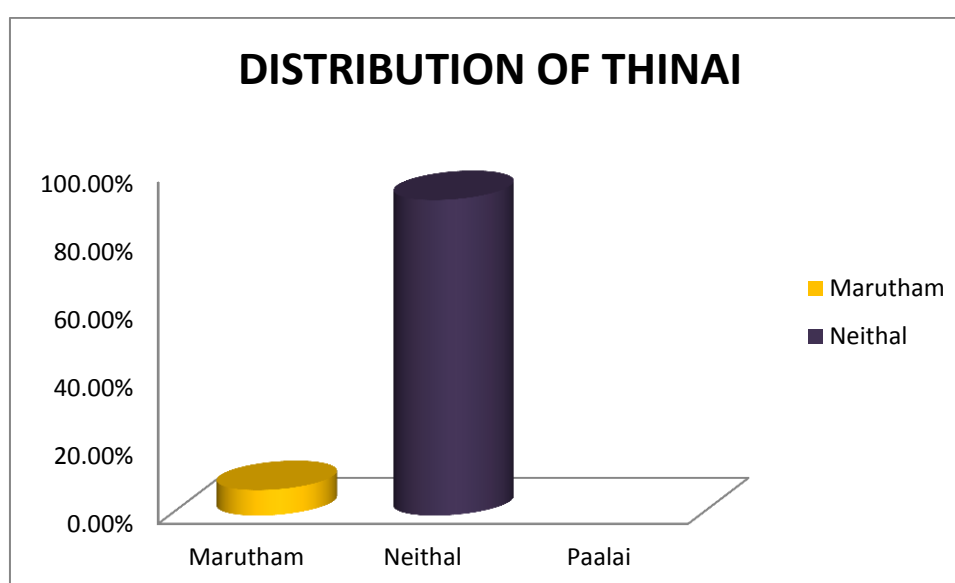
Among 40% cases, 62.5% of cases came under pitha kalam, and 37.5% cases came under vaatha kalam.

INFERENCE

62.5% of cases came under pitha kalam (62.5%) i.e., during 34-66 yrs (Middle age group).

Table:6.4- DISTRIBUTION OF THINAI

Sl.No	Thinai	Number of Cases	Percentage (%)
1	Kurinji	0	-
2	Mullai	0	-
3	Marutham	3	7.5%
4	Neithal	37	92.5%
5	Paalai	0	-



OBSERVATION

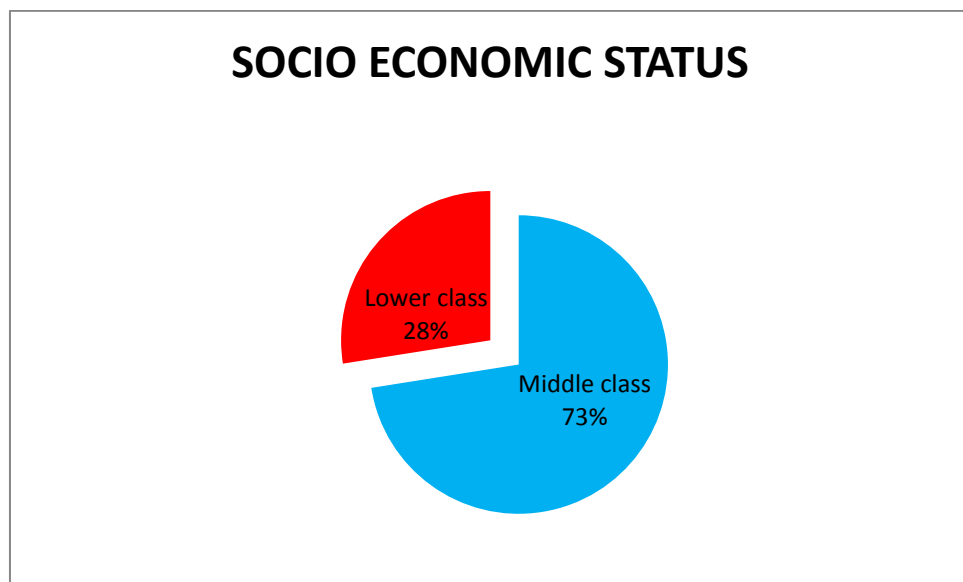
Among 40 cases 92.5% of cases from neithal nilam, and 7.5% of cases from marutha nilam.

INFERENCE

92.5% of cases from neithal nilam. This is because of the study centre is located in neithal adjoining area. There is no other specify inference could made respect to the study.

TABLE: 6.5- SOCIO ECONOMIC STATUS

Sl.No	Socio Economic status	No.of cases	Percentage (%)
1	Upper class	-	-
2	Middle class	29	72.5%
3	Lower class	11	27.5%



OBSERVATION

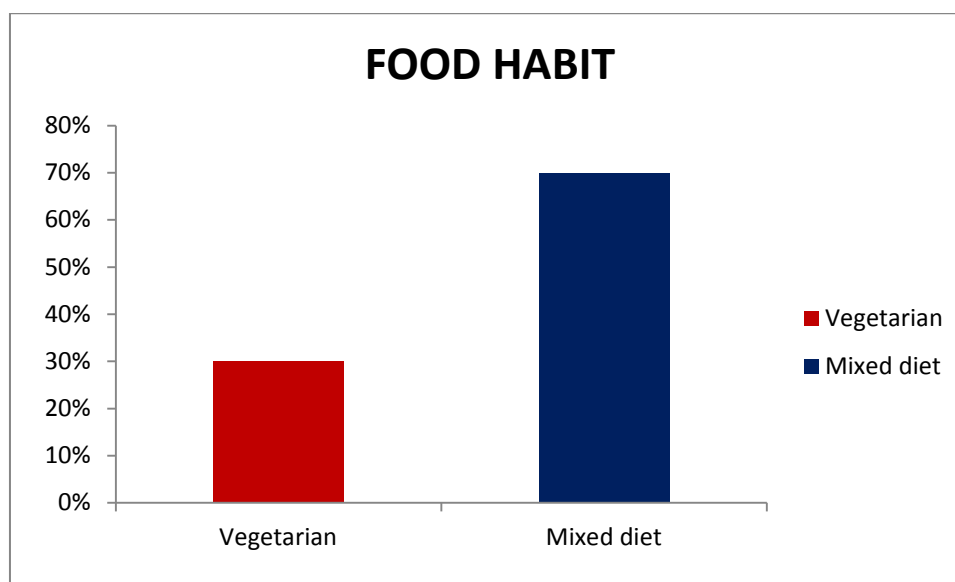
Among 40 cases, 72% of cases belong to middle income group, 28% of cases belong to lower income group.

INFERENCE

72% of cases belong to middle income group.

Table : 6.6– FOOD HABIT

Sl.No	Food Habit	Number of Cases	Percentage (%)
1	Vegetarian	12	30%
2	Mixed diet	28	70%



OBSERVATION

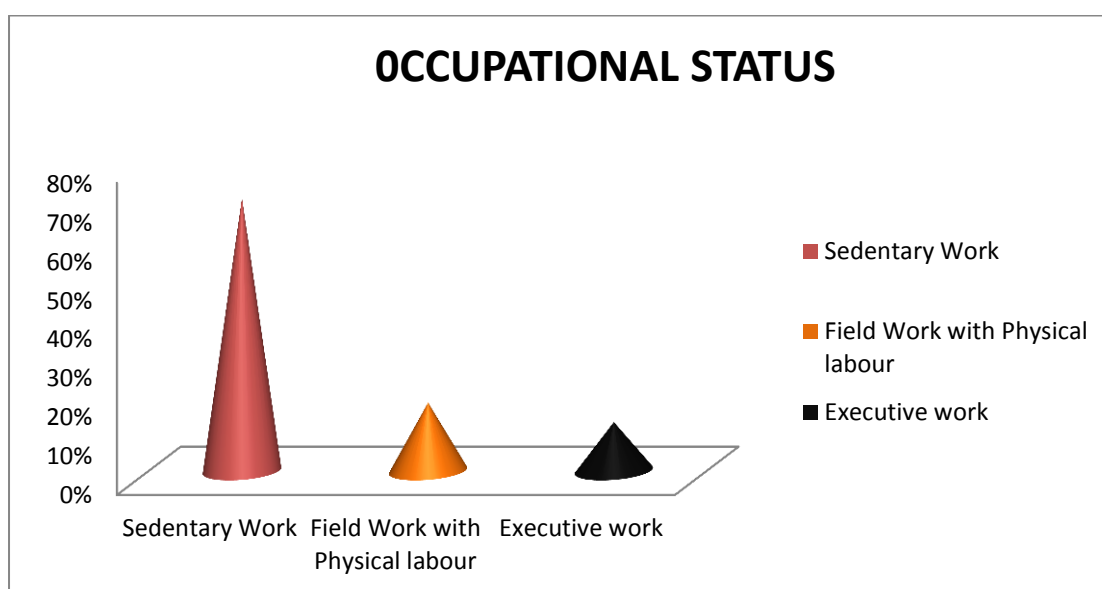
Among 40 cases, 30% of cases have vegetarian diet and 70% of cases have mixed diet.

INFERENCE

70% of cases have mixed diet (non vegetarian) than veg diet. Non vegetarian diet forms the base for the development of the disease.

TABLE: 6.7- PATIENT OCCUPATION

Sl.No	Occupation	No. of cases	Percentage(%)
1.	Sedentary Work	28	70%
2.	Field Work with Physical labour	7	17.5%
3.	Executive work	5	12.5%



OBSERVATION

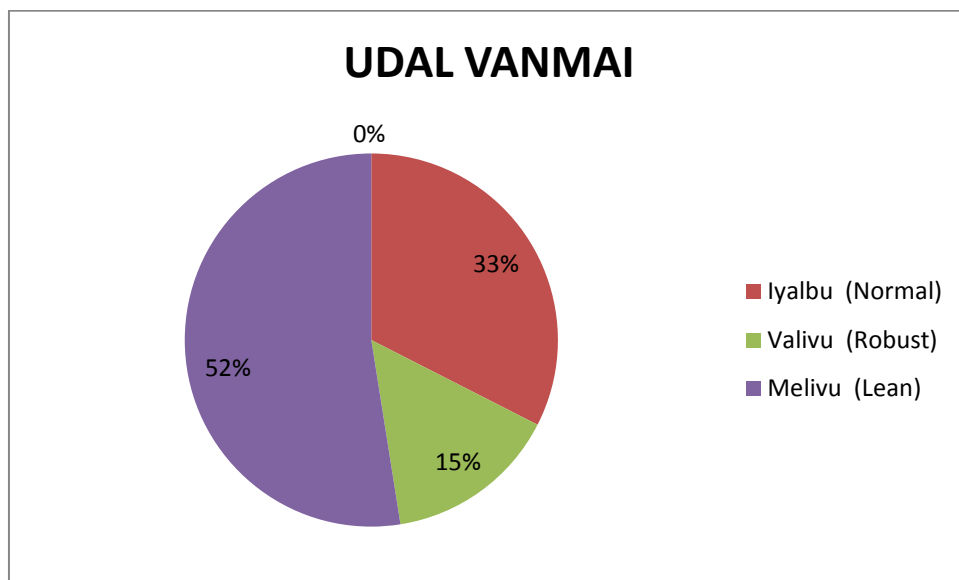
Among 40 cases 70% were sedentary workers , 17.5% were Field workers who have with physical work , 5% were Executive workers.

INFERENCE

70% were sedentary workers, they have less physical activity. This may be one of the reason for the development of the disease Pitha vatham.

TABLE: 6.8- UDAL VANMAI

UDAL VANMAI	PATIENTS	
	NO	PERCENTAGE%
Iyalbu (Normal)	13	32.5%
Valivu (Robust)	6	15%
Melivu (Lean)	21	52.5%
Total	40	100%



OBSERVATION

Among 40 cases, 53% of cases had melivu nilai, 32% had iyalbu nilai, 15% had valivu nilai.

INFERENCE

53% had melivu udal nilai, this may be because of the chronicity of disease patient had melivu udal nilai.

TABLE : 6.9 - MANIKKADAI NOOL

MANIKKADAI ALAVU (Finger breadths)	PATIENTS	
	NO	PERCENTAGE%
9½	30	75%
10	10	25%

OBSERVATION

Among 40 cases, 75% had viralkadai alavu 9½, 25% had viralkadai alavu 10.

INFERENCE

75% had viralkadai alavu 9½, this means the disease Vatha Ubagadham may fell in wrist circumference of 9½.

TABLE: 6.10-DISTRIBUTION OF VAATHAM

Vatham	No. of cases	Percentage
Pranan	15	37.5%
Abanan	40	100%
Viyanan	40	100%
Udhanan	-	-
Samanan	30	75%
Naagan	-	-
Koorman	-	-
Kirugaran	-	-
Devadhathan	-	-
Thananjeyan	-	-

OBSERVATION

Among 40 cases Abanan, Viyanan, Devathadhan were affected in 100% cases, pranan were affected in 37.5% cases.

INFERENCE

The components of the vadham which is responsible for movements, Heaviness of the head, Pain and tenderness in the eye and over the eyebrow.

TABLE:6.11- DISTRIBUTION OF PITHAM

Pitham	No. of cases	Percentage
Pasagam	30%	75%
Ranjagam	15%	37.5%
Sathagam	40	100%
Prasagam	-	-
Aalosagam	-	-

OBSERVATION

Among 40 cases Sathagam were affected in 100% cases, Pasagam were affected in 75% cases, Avalambagam were affected in 37.5% cases.

INFERENCE

The components of Pitham connected with digestion, activeness, haemopoietic activity are affected. The deranged pithams causes excessive salivation.

TABLE: 6.12- DISTRIBUTION OF KABAM

Kabam	No. of cases	Percentage
Avalambagam	40%	100%
Kilethagam	30%	75%
Pothagam	-	-
Tharpagam	30%	75%
Santhigam	40	100%

OBSERVATION

Among 40 cases Avalambagam, santhigam were affected in 100% cases, kilethagam, tharpagam affected in 75% cases.

INFERENCE

75% cases tharpagam responsible for pain in tenderness in the eye and over the eyebrows.

TABLE: 6.13- UDAL THATHUKKAL

UDAL THATHUKKAL	PATIENTS	
	NO	PERCENTAGE%
Saaram	20	50%
Senneer	20	50%
Oon	-	-
Koluppu	-	-
Enbu	-	-
Moolai	-	-
Sukkilam	-	-

OBSERVATION

Among 40 cases Saaram, Senner, affected in 50% cases, enbu affected in 20% cases.

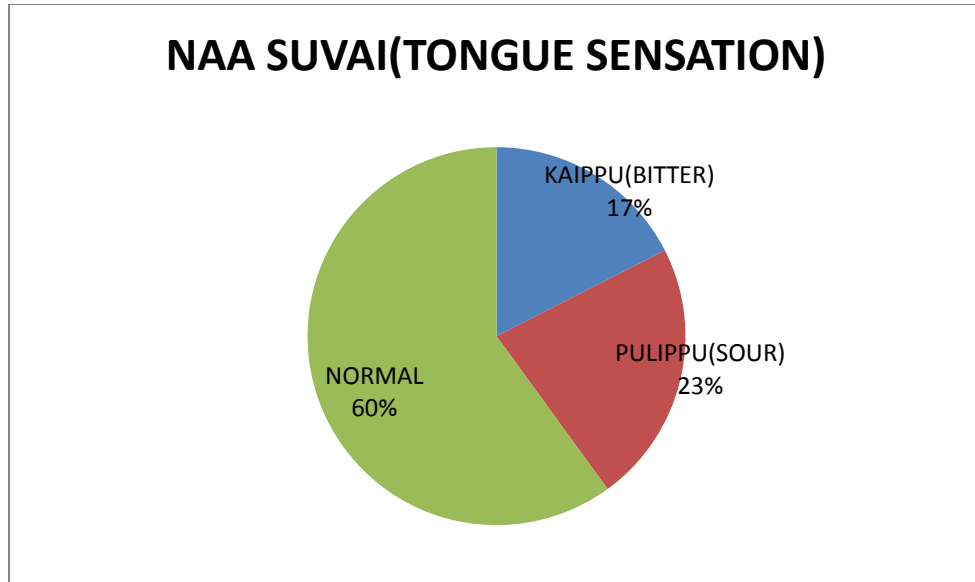
INFERENCE

The vitiation of Saaram hands down its reflections over Seneer.

ENNVAGAI THERVUGAL

TABLE: 6.14- NAA

NAA		PATIENTS	
		NO	PERCENTAGE
MAA PADINTHIRUTHAL (COATED)	NORMAL	21	52.5
	PRESENT	19	47.5
	TOTAL	40	100
NIRAM (COLOUR)	NORMAL	13	32.5
	VELLUPPU	27	67.5
	TOTAL	40	100
SUVAI (TASTE)	KAIPPU(BITTER)	7	17.5
	PULIPPU(SOUR)	9	22.5
	NORMAL	24	60
	TOTAL	40	100
VEDIPPU (FISSURE)	PRESENT	6	15
	ABSENT	34	85
	TOTAL	40	100
VAI NEER OORAL (SALIVATION)	NORMAL	21	52.5
	INCREASED	8	20
	DECREASED	11	27.5
	TOTAL	40	100
BLACK PIGMENTATION	PRESENT	16	40
	ABSENT	24	60
	TOTAL	40	100



OBSERVATION

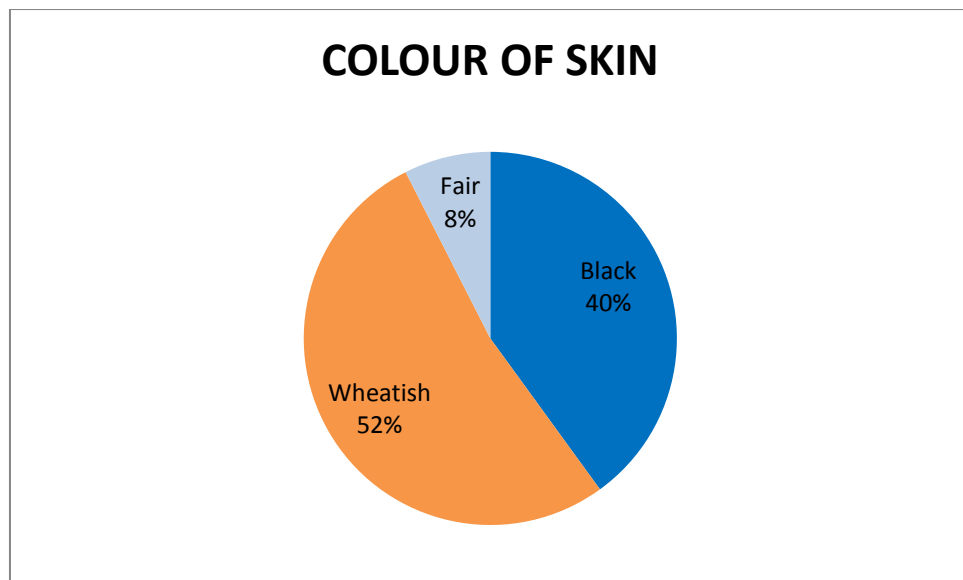
Among 40 of cases, 52.5% of cases had normal tongue and 47.5% of cases had coated tongue. Among 40 cases, 32.5% of cases had pallor tongue and 67.5% of cases had normal tongue. Among 40 cases, 60% of cases had normal suvai, 22.5% of cases had pullipu suvai, 17.5% had kaippu suvai. Among 40 cases, 15% of cases had presence of naa vedippu, 85% of cases had absence of naa vedippu. Among 40 cases, 52.5% of cases had normal vaineer oorai, 20% of cases had increased vaineer oorai and 27.5% of cases had decreased vai neer oorai. Among 40 cases, 40% of cases had black pigmentation, 60% of cases without black pigmentation.

INFERENCE

32.5% cases had pallor tongue, 22.5% had pullipu suvai, 27.5% had decreased vai neer oorai. Pullipu suvai, decreased vai neer oorai indicates the derangement of Vatha humor. Some cases have coated tongue, kaippu suvai. The deranged Vatha humor imbalances Pitha and then kapha humor and forms the base of the disease.

TABLE:6.15- NIRAM

Sl.No	Colour of skin	No.of cases	Percentage (%)
1	Black	16	40%
2	Wheatish	21	52.5%
3	Fair	3	7.5%



OBSERVATION

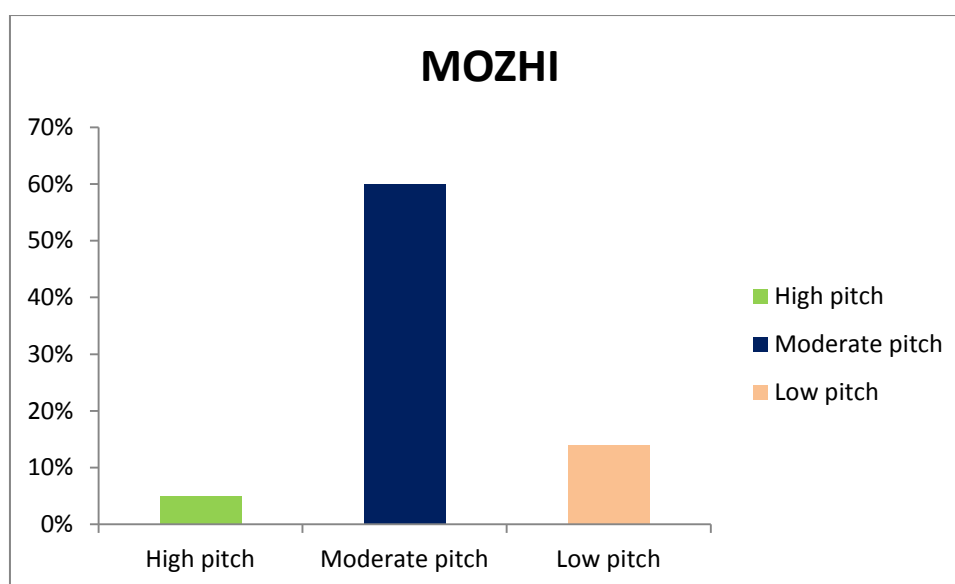
Among 40 cases 52.5% had wheatish complexion, 40% had black complexion and 7.5% had fair complexion.

INFERENCE

52.5% had wheatish complexion.

TABLE: 6.16-MOZHI

Sl.No	Pitch	No.of cases	Percentage (%)
1	High pitch	2	5%
2	Moderate pitch	24	60%
3	Low pitch	14	35%



OBSERVATION

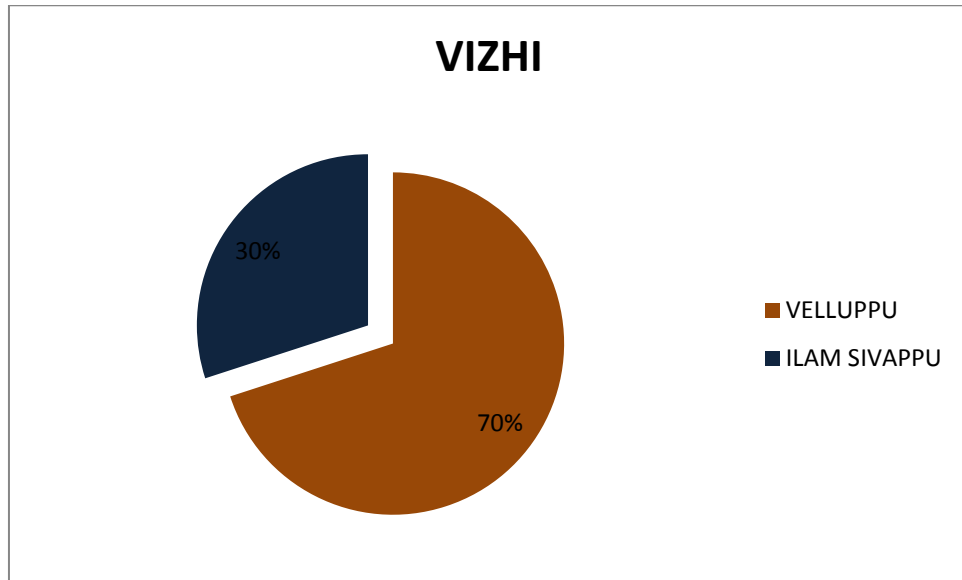
Among 40 cases 60% of cases with Moderate pitched voice , 35% cases with low pitched voice, and 5% cases with high pitched voice.

INFERENCE

60% with Moderate pitched voice.

TABLE : 6.17 -VIZHI (EYES)

VIZHI		PATIENTS	
		NO	PERCENTAGE
NIRAM OF VENVIZHI (COLOR OF EYES)	MANJAL	2	5
	VENMAI	33	82.5
	SIVAPPU	4	10
	PAZHUPPU	1	2.5
	TOTAL	40	100
IMAI NEEKI PAARTHAL	VELLUPPU (PALE)	28	70
	ILAM SIVAPPU (PINK)	12	30
	TOTAL	40	100
ERICHCHAL	PRESENT	30	75
	ABSENT	10	25
	TOTAL	40	100



OBSERVATION

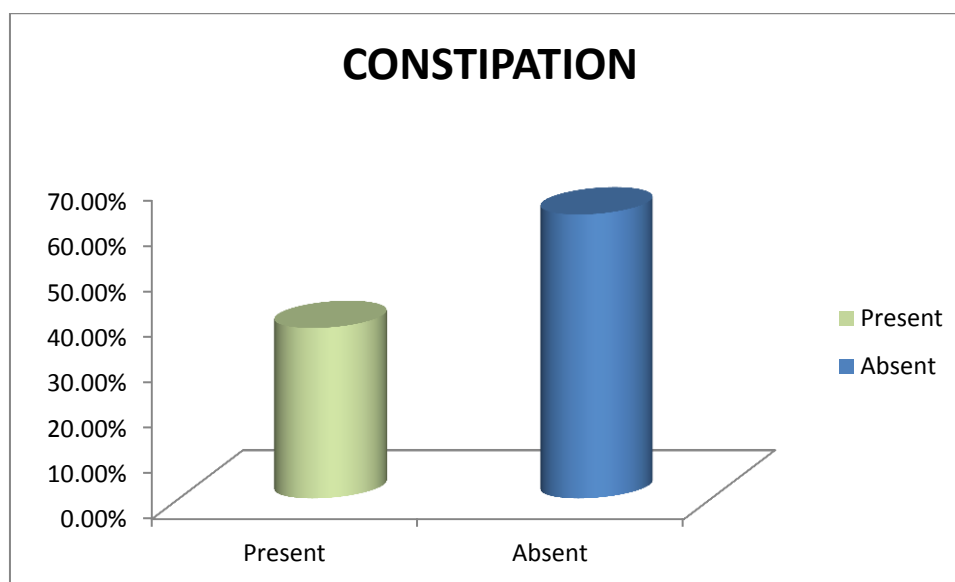
Among 40 cases, 82.5% of cases had venmai venvizhi, 2.5% of cases had pazhuppu venvizhi, 5% of cases had manjal venvizhi and 10% of cases had sivappu venvizhi. Among 40 cases, 70% of cases had vellupu (pallor) and 30% of cases had ilam sivappu (normal). Among 40 cases, 75% of cases had erichal in eyes.

INFERENCE

82.5% of cases had venmai venvizhi, 75% of cases had erichal in eyes. Erichal may be due to increased pitha humour in the patients of pitha thalai nokadu.

TABLE: 6.18-MALAM

S.No	Constipation	No.of cases	Percentage (%)
1	Present	15	37.5%
2	Absent	25	62.5%



OBSERVATION

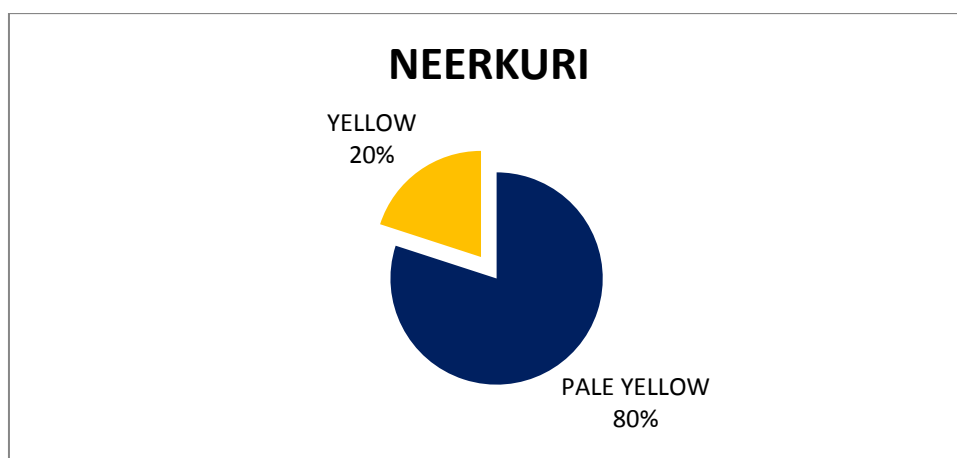
Among 40 cases 37.5% cases had presence of constipation, 62.5% cases had absence of constipation.

INFERENCE

No specific inference could be made out in this study from the examination of malamkuri.

TABLE : 6.19- NEERKURI

NEERKURI	PROPERTIES	PATIENTS	
		NO	%
Niram	Pale yellow (Ila Manjal Niram)	28	77.5%
	Yellow	12	22.5%
	Total	40	100%
Manam (Smell)	Normal	40	100%
Nurai (Frothy)	Absent	32	80%
	Present	8	20%
	Total	40	100%

**OBSERVATION**

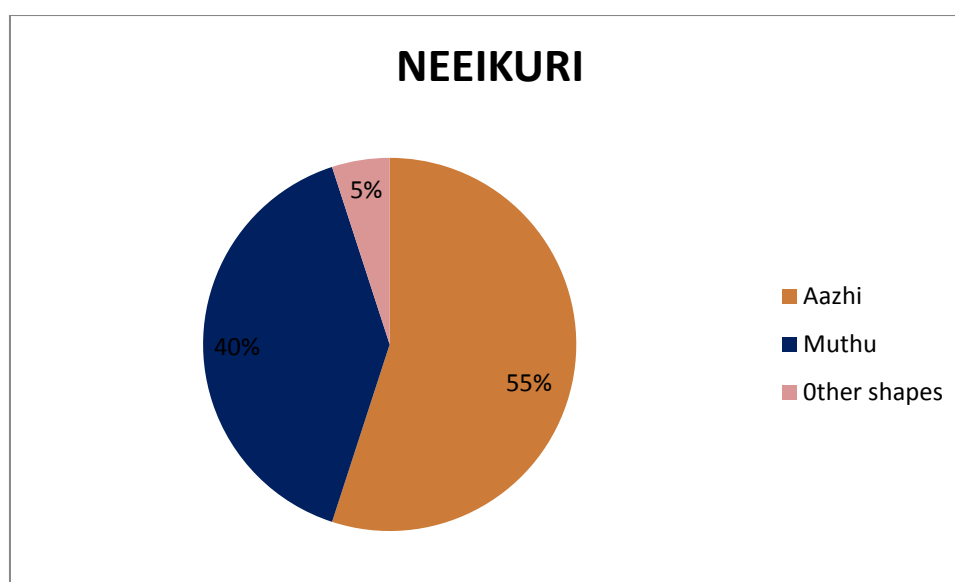
Among 40 cases, 77.5 % of cases had pale yellow coloured urine and 22.5 % of cases had yellow coloured urine, 20% of cases had presence of Nurai (Froth) and 80% cases had absence of Nurai (Froth) .

INFERENCE

No specific inference could be made out in this study from the examination of Neerkuri.

TABLE :6.20-NEIKURI

Sl.No	Neikuri	No.of cases	Percentage (%)
1	Aazhi	22	55%
2	Muthu	16	40%
3	Other shapes	2	5%



OBSERVATION

Among 40 cases, 40% of cases had Muthu (pearl) shape, 55% of cases had Aazhi in shape, 5% other shapes.

INFERENCE

55% of cases had aazhi pol paraval Neikkuri. As per Sage theraiyar “aazhi pol paravin pitham” it is evident that pitha humour is affected in pitha thalai nokkadu hence Majority of cases had aazhi pol paraval Neikkuri which is validated from the literature.

MEIKURI (PHYSICAL SIGNS)

TABLE: 6.21- SPARISM

MEIKURI (PHYSICAL SIGNS)		PATIENTS	
		NO	PERCENTAGE
VEPPAM (WARMTH)	VEPPAM	6	15%
	MITHAVEPPAM	28	70%
	THATPAM	6	15%
	TOTAL	40	100%
VIYARVAI (SWEAT)	NORMAL	32	80%
	INCREASED	8	20%
	TOTAL	40	100%
THODUVALI (TENDERNESS)	PRESENT	36	90%
	ABSENT	4	10%
	TOTAL	100	100%

OBSERVATION

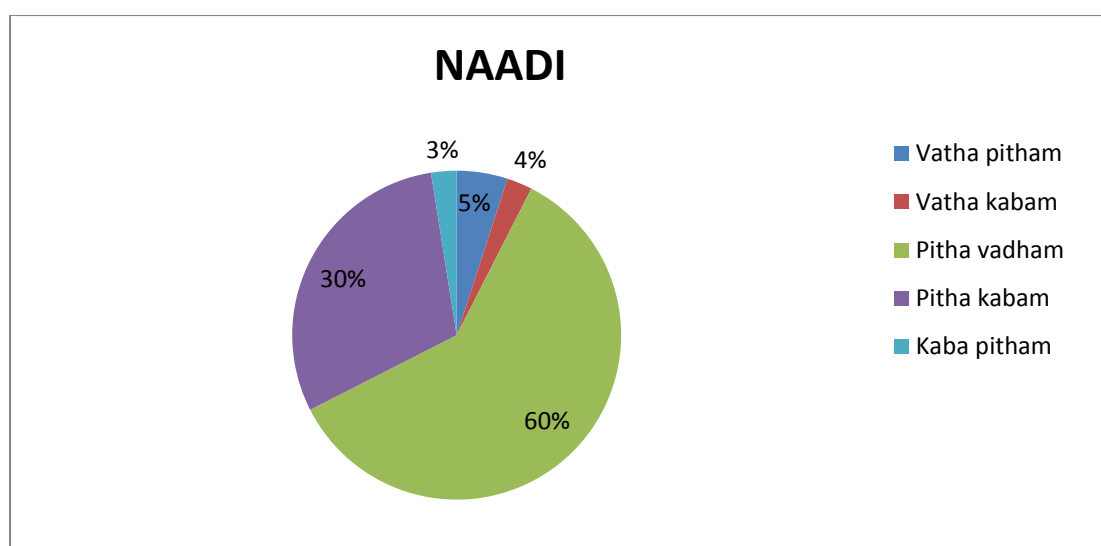
Among 40% cases, 15% cases of cases had veppam, 15% of cases had thatpam, and 70% of cases had mitha veppam. Among 40% cases, 80% of the cases had normal sweating and 20% of cases had increased sweating. Among 40% cases, 90% of the cases had thoduvali, 10% of the cases without thoduvali.

INFERENCE

70% of cases had mitha veppam and 90% of cases had pain in ear.

TABLE: 6.22- NAADI

Sl.No	Naadi	No.of cases	Percentage (%)
1	Vatha pitham	2	5%
3	Pitha vadham	35	87.5%
4	Pitha kabam	3	7.5%



OBSERVATION

Among 40 cases, 87.5% had Pitha Vadham naadi, 5% of cases had Vatha pitham, 7.5% cases had Pitha kabam.

INFERENCE

In the pulse play it was observed that Pitham was operational in majority of the cases. Pitham is responsible for the starting of the case process of the Pitha Thalainokkadu.

TABLE: 6.23- THEGI

S.No	Thegi	No .of cases	Percentage (%)
1	Vatha Pitham	6	15%
2	Pitha vatham	30	75%
3	Pitha kabam	4	10%

OBSERVATION

Among 40 cases 75% had Pitha Vatha thegam, 15% Vatha Pitham, 10% Pitha Kabam.

INFERENCE

75% cases had Pitha Vatha thegam.

TABLE: 6.24- TABLE SHOWING ENNVAGAI THERVU

Sl. NO	REG.NO	OP.NO	AGE/SEX	NAADI	NAA	NIRAM	MOZHI	VIZHI	MALAM	MOOTHIRAM		SPARISAM	MANIKADAI
1	1	3712	52/F	PITHA VATHAM	MAAPADITHAL, KAIPPU	WHEATISH	SAMAOLI	MANJAL	MANJAL	ILAMANJAL	AAZHI	THATPAM	10
2	2	3597	60/F	PITHA VATHAM	MAAPADITHAL, PULLIPU	WHEATISH	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	THATPAM	10
3	3	1454	60/M	PITHA VATHAM	MAAPADITHAL, KAIPPU	WHEATISH	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	THATPAM	9½
4	4	8042	55/F	PITHA VATHAM	MAAPADITHAL	WHEATISH	SAMAOLI	MANJAL	MANJAL	ILAMANJAL	MUTHU	MITHAVEPPAM	9½
5	5	9035	43/M	PITHA VATHAM	MAAPADITHAL, KAIPPU	KARUPPU	SAMAOLI	NORMAL	MANJAL	MANJAL	MUTHU	MITHUVEPPAM	9½
6	6	9057	52/M	PITHA VATHAM	MAAPADITHAL, PULLIPU	KARUPPU	MIGUNDHAOLI	NORMAL	MANJAL	MANJAL	MUTHU	VEPPAM	9½
7	7	9480	55/M	PITHA VATHAM	VELUPPU, VEDIPPU	KARUPPU	SAMAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	THATPAM	9½
8	8	9738	45/F	PITHA VATHAM	MAAPADITHAL	MANJAL	THAZHANTHAOLI	SIVAPPU	MANJAL	ILAMANJAL	MUTHU	THATPAM	9½
9	9	3665	58/F	PITHA VATHAM	VELUPPU, VEDIPPU,KAIPPU	KARUPPU	SAMAOLI	NORMAL	MANJAL	MANJAL	AAZHI	MITHAVEPPAM	9½
10	10	4963	57/M	PITHA VATHAM	MAAPADITHAL	WHEATISH	SAMAOLI	SIVAPPU	MANJAL	ILAMANJAL	OTHER	MITHAVEPPAM	9½
11	11	3370	48/M	PITHA VATHAM	VELUPPU, PULIPPU	KARUPPU	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	VEPPAM	9½
12	12	3261	58/M	PITHA VATHAM	MAAPADITHAL	WHEATISH	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	MITHAVEPPAM	9½

TABLE: 6.24 - TABLE SHOWING ENNVAGAI THERVU

Sl. NO	REG.NO	OP.NO	AGE/SEX	NAADI	NAA	NIRAM	MOZHI	VIZHI	MALAM	MOOTHIRAM		SPARISAM	MANIKADAI
13	16	3262	54/F	PITHA VATHAM	VELUPPU	VELUPPU	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	MITHAVEPPAM	9½
14	17	3185	59/F	PITHA VATHAM	MAAPADITHAL, KAIPPU	VELUPPU	SAMAOLI	NORMAL	MANJAL	ILAMANJAL	MUTHU	MITHAVEPPAM	9½
15	18	3231	40/F	PITHA VATHAM	MAAPADITHAL, VELUPPU	KARUPPU	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	MITHAVEPPAM	9½
16	19	3232	44/F	PITHA VATHAM	VELUPPU, PULIPPU	KARUPPU	SAMAOLI	NORMAL	MANJA L	ILAMANJAL	MUTHU	MITHAVEPPAM	9½
17	20	3208	42/M	PITHA VADHAM	MAAPADITHAL	KARUPPU	MIGUNTHAOLI	NORMAL	MANJAL	ILAMANJAL	MUTHU	MITHAVEPPAM	9½
18	21	4490	36/F	VADHA PITHAM	VELUPPU, PULIPPU	WHEATISH	SAMAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	MITHAVEPPAM	9½
19	22	5491	51/M	PITHA VATHAM	MAAPADITHAL, VELUPPU	KARUPPU	SAMAOLI	SIVAPPU	MANJA L	ILAMANJAL	MUTHU	MITHAVEPPAM	9½
20	23	7201	52/M	PITHA VATHAM	VELUPPU	KARUPPU	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	MUTHU	MITHAVEPPAM	9½

TABLE: 6.24 - TABLE SHOWING ENNVAGAI THERVU

Sl. NO	REG.NO	OP.NO	AGE/SEX	NAADI	NAA	NIRAM	MOZHI	VIZHI	MALAM	MOOTHIRAM		SPARISAM	MANIKADAI
21	26	7066	55/F	PITHA VATHAM	MAPADITHAL, VELUPPU, PULIPPU	VELUPPU	SAMAOLI	NORMAL	MANJAL	MANJAL	MUTHU	MITHAVEPPAM	9½
22	27	7089	55/M	PITHA VATHAM	VELUPPU, VEDIPPU, KAIPPU	KARUPPU	SAMAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	MITHAVEPPAM	9½
23	28	7568	50/M	PITHA VATHAM	MAPADITHAL, VELUPPU	KARUPPU	SAMAOLI	SIVAPPU	MANJAL	ILAMANJAL	AAZHI	THATPAM	9½
24	29	9637	58/F	PITHA VATHAM	VELUPPU, PULIPPU	WHEATISH	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	MUTHU	MITHAVEPPAM	9½
25	30	9638	55/M	PITHA VATHAM	MAPADITHAL, VELUPPU	VADHAM	SAMAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	MITHAVEPPAM	9½
26	31	9685	59/F	PITHA VATHAM	VELUPPU, VEDIPPU	PITHAM	THAZHANTHAOLI	PAZHUPPU	MANJAL	ILAMANJAL	MUTHU	MITHAVEPPAM	9½
27	32	34	40/M	PITHA VATHAM	MAPADITHAL	VADHAM	THAZHANTHAOLI	NORMAL	MANJAL	MANJAL	AAZHI	VEPPAM	9½
28	33	553	42/F	PITHA VATHAM	MAPADITHA, VELUPPU, KAIPPU	WHEATISH	SAMAOLI	NORMAL	MANJAL	MANJAL	MUTHU	MITHAVEPPAM	9½
29	34	2191	55/F	VATHA PITHAM	MAPADITHAL, VELUPPU	WHEATISH	SAMAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	MITHAVEPPAM	9½
30	35	4527	59/M	PITHA VATHAM	VELUPPU, PULIPPU	KARUPPU	SAMAOLI	NORMAL	MANJAL	ILAMANJAL	OTHER	MITHAVEPPAM	9½

TABLE: 6.24 - TABLE SHOWING ENNVAGAI THERVU

SL NO	REG.NO	OP.NO	AGE/SEX	NAADI	NAA	NIRAM	MOZHI	VIZHI	MALAM	MOOTHIRAM		SPARISAM	MANIKADAI
31	36	4567	43/F	PITHA VATHAM	VELUPPU	WHEATISH	SAMAOLI	NORMAL	MANJAL	MANJAL	AAZHI	MITHAVEPPAM	9½
32	37	5414	47/F	PITHA VATHAM	VELUPPU, PULIPPU	WHEATISH	SAMAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	MITHAVEPPAM	9½
33	38	7101	46/M	PITHA VATHAM	VELUPPU	WHEATISH	SAMAOLI	NORMAL	MANJAL	MANJAL	MUTHU	MITHAVEPPAM	9½
34	39	7102	30/F	PITHA VATHAM	MAPADITHAL	WHEATISH	SAMAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	VEPPAM	9½
35	40	7151	59/M	PITHA VATHAM	MAPADITHA, VELUPPU	WHEATISH	SAMAOLI	NORMAL	MANJAL	MANJAL	AAZHI	VEPPAM	9½
36	41	378	47/F	PITHA KABAM	VELUPPU, VEDIPPU	WHEATISH	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	VEPPAM	9½
37	42	1912	60/M	PITHA KABAM	VELUPPU	WHEATISH	SAMAOLI	NORMAL	MANJAL	MANJAL	AAZHI	MITHAVEPPAM	9½
38	43	1926	60/M	PITHA KABAM	VELUPPU, VEDIPPU	WHEATISH	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	MUTHU	MITHAVEPPAM	9½
39	44	4232	50/M	PITHA KABAM	VELUPPU	WHEATISH	THAZHANTHAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	MITHAVEPPAM	9½
40	45	6051	38/F	PITHA VATHAM	VELUPPU	WHEATISH	SAMAOLI	NORMAL	MANJAL	ILAMANJAL	AAZHI	MITHAVEPPAM	9½

TABLE NO: 6.25–LABORATORY INVESTIGATIONS

Sl.No	Reg.No	O.P. No	Age/ Sex	TC Cells/ Cum m	BLOOD INVESTIGATION						BIOCHEMICAL ANALYSIS				URINE ANALYSIS		
					P%	L%	E%	1/2 hr mm	1 hr mm	HB gms%	Sugar (F) mg/dl	Sugar (PP) mg/dl	Blood urea mg/dl	Serum Cholesterol mg/dl	Albumin	Sugar	Deposits
1	1	3712	52/F	6600	59	34	7	10	22	12.6	206	248	20	201	Nil	Nil	Nil
2	2	3597	60/F	7000	56	38	6	10	24	11	175	189	28	190	Nil	Nil	Nil
3	3	1454	60/M	6400	53	45	2	12	28	13.4	169	231	29	154	Nil	Nil	1-2ec,2-3pc
4	4	8042	55/F	7800	60	35	5	12	20	12.4	201	308	21	190	Nil	++	Nil
5	5	9035	43/M	6400	57	38	5	10	24	13.8	102	190	29	200	Nil	Nil	Nil
6	6	9057	52/M	5800	67	28	5	8	12	14.4	180	290	21	225	Nil	++	1-2pc
7	7	9480	55/M	7800	51	42	7	13	29	13	99	170	24	180	Nil	Nil	Nil
8	8	9738	45/M	5800	50	46	4	14	20	11.8	102	190	26	204	Nil	Nil	2-3ec
9	9	3665	58/F	5200	60	37	3	8	12	10.2	110	200	29	190	Nil	Nil	Nil
10	10	4963	57/M	7200	68	23	9	2	9	15.5	166	263	21	190	Nil	Nil	1-2pc,1-2ec

TABLE: 6.25 - LABORATORY INVESTIGATIONS

Sl.No	Reg.No	O.P. No	Age/ Sex	TC Cells/ Cum m	BLOOD INVESTIGATION						BIOCHEMICAL ANALYSIS				URINE ANALYSIS		
					P%	L%	E%	1/2 hr mm	1 hr mm	HB gms%	Sugar (F) mg/dl	Sugar (PP) mg/dl	Blood urea mg/dl	Serum Cholesterol mg/dl	Albumin	Sugar	Deposits
11	11	3370	48/M	7400	63	30	7	16	32	11.4	260	379	22	175	Nil	+++	4-6pc,2-3ec
12	12	3261	58/M	6900	49	46	9	16	40	9	129	160	33	169	Nil	Nil	1-2pc
13	16	3262	54/F	6100	52	42	6	10	20	10.8	124	178	31	231	Nil	Nil	Nil
14	17	3185	59/F	8900	50	45	5	12	20	9.8	113	220	27	188	Nil	Nil	2-4pc
15	18	3231	40/F	5900	58	38	4	6	10	12.8	90	198	31	185	Nil	Nil	Nil
16	19	3232	44/F	8200	59	35	6	15	30	11	109	200	27	140	Nil	Nil	Nil
17	20	3208	42/M	7300	60	37	3	5	12	12	167	273	30	183	Nil	Nil	6-7ec
18	21	4490	36/F	7600	65	30	5	36	52	9.6	144	283	29	180	Nil	Nil	Nil
19	22	5491	51/M	6800	69	26	5	18	32	14.8	134	232	32	206	Nil	Nil	2-3pc,1-2ec
20	23	7201	52/M	6470	54	37	9	2	7	15.2	161	344	19.4	288	Nil	+++	5-6pc,2-3ec

TABLE: 6.25 - LABORATORY INVESTIGATIONS

SL.No	Reg.No	O.P. No	Age/ Sex	TC Cells/ Cum m	BLOOD INVESTIGATION						BIOCHEMICAL ANALYSIS				URINE ANALYSIS		
					P%	L%	E%	1/2 hr mm	1 hr mm	HB gms%	Sugar (F) mg/dl	Sugar (PP) mg/dl	Blood urea mg/dl	Serum Cholesterol mg/dl	Albumin	Sugar	Deposits
21	26	7066	555/F	8900	69	25	6	10	28	12.4	127	172	26	209	Nil	+	1-2pc,2-3ec
22	27	7089	55/M	7200	58	38	6	6	39	14	193	264	20	160	Nil	Nil	Nil
23	28	7568	50/M	6200	62	32	6	12	20	15	104	190	34	220	Nil	Nil	Nil
24	29	9637	58/F	5900	70	26	4	8	13	9.8	148	176	20	190	Nil	Nil	Nil
25	30	9638	55/M	5200	65	29	6	5	12	15.5	94	162	30	200	Nil	Nil	2-3pc
26	31	9685	59/F	5100	67	30	3	14	34	10	102	186	32	180	Nil	Nil	Nil
27	32	34	40/M	8000	52	43	5	14	26	13.3	101	180	32	170	Nil	Nil	Nil
28	33	553	42/F	5490	52	41	7	3	9	8	268	317	29	193	Nil	Nil	3-4pc
29	34	2191	55/F	6800	67	27	6	10	24	12.4	230	290	23	160	Nil	Nil	Nil
30	35	4527	59/M	7900	52	40	8	7	19	14	140	280	29	207	Nil	++	Nil

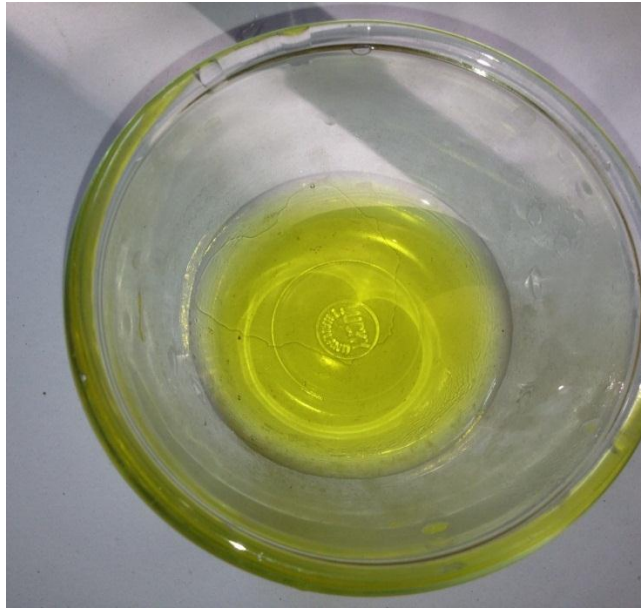
TABLE: 6.24 - LABORATORY INVESTIGATIONS

Sl.No	Reg.No	O.P. No	Age/ Sex	TC Cells/ Cum m	BLOOD INVESTIGATION						BIOCHEMICAL ANALYSIS				URINE ANALYSIS		
					P%	L%	E%	1/2 hr mm	1 hr mm	HB gms%	Sugar (F) mg/dl	Sugar (PP) mg/dl	Blood urea mg/dl	Serum Cholesterol mg/dl	Albumin	Sugar	Deposits
31	36	4567	43/F	9300	65	30	5	22	45	10.6	122	195	30	160	Nil	Nil	Nil
32	37	5414	47/F	9200	69	25	6	8	20	10.8	122	252	20	170	Nil	Nil	Nil
33	38	7101	46/M	5900	52	41	7	10	24	13.3	109	204	20	204	Nil	+	Nil
34	39	7102	30/F	6800	56	40	4	5	15	11.1	180	220	30	184	Nil	Nil	Nil
35	40	7151	59/M	9200	52	41	7	14	30	15	89	190	24	204	Nil	Nil	Nil
36	41	378	47/F	5900	75	20	5	8	15	10.2	167	238	34	99	Nil	Nil	Nil
37	42	1912	60/M	8500	54	39	7	5	15	15.8	100	208	26	190	Nil	Nil	Nil
38	43	1923	50/M	7100	59	37	4	14	32	11.8	201	233	23.9	195	Nil	Nil	Nil
39	44	4232	60/M	5200	58	29	3	14	24	9	127	200	36	195	Nil	+	Nil
40	45	6051	38/F	6600	59	34	8	10	22	6.6	80	149	18	182	Nil	Nil	Nil

SHOWING LABARATORY INVESSTIGATION REPORTS OF PITHA THALAI NOKKADU.

REG.NO	OP.NO	AGE/SEX	X-RAY
6	1960	28/M	Mild bilateral maxillary Rhinosinusitis withNormal nasal septum seen
10	6919	50/F	Bilateral maxillary and Frontal sinusitis. Nasal septum in midline.
12	3522	54/M	Bilateral maxillary and frontal sinusitis.Bilateral nasal turbinate hypertrophy.
24	8608	38/M	Bilateral maxillary sinusitis

NEIKURI PHOTOS



OP No. : 4022
R. No. : 03
Neikuri : Pithavatham



OP No. : 2206
R.NO : 06
Neikuri : Aazhi



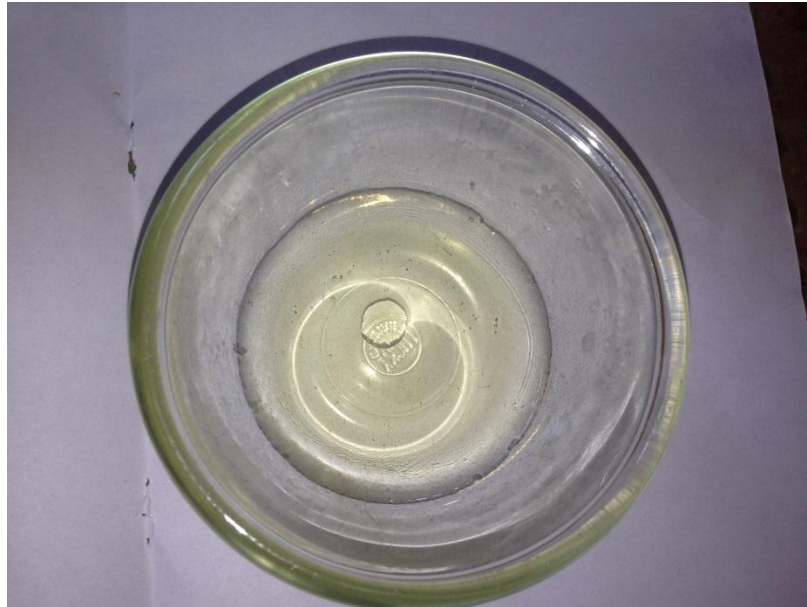
OP No. : 4554
R. No. : 12
Neikuri : Aazhi



OP No. : 2129
R . No. : 18
Neikuri : Aazhi



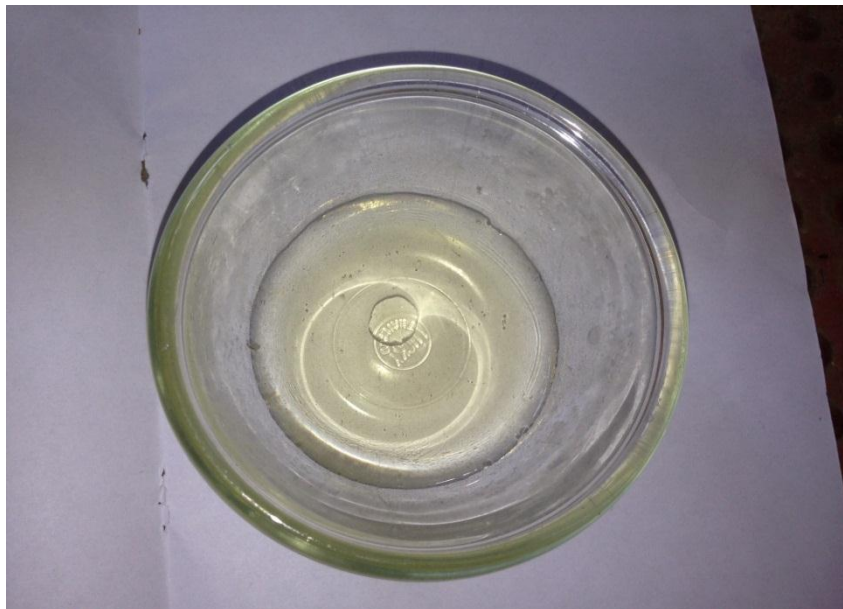
OP No. : 7164
R. No. : 29
Neikuri : Pithavatham



OP No. : 9127
R. No. : 32
Neikuri : Aazhi

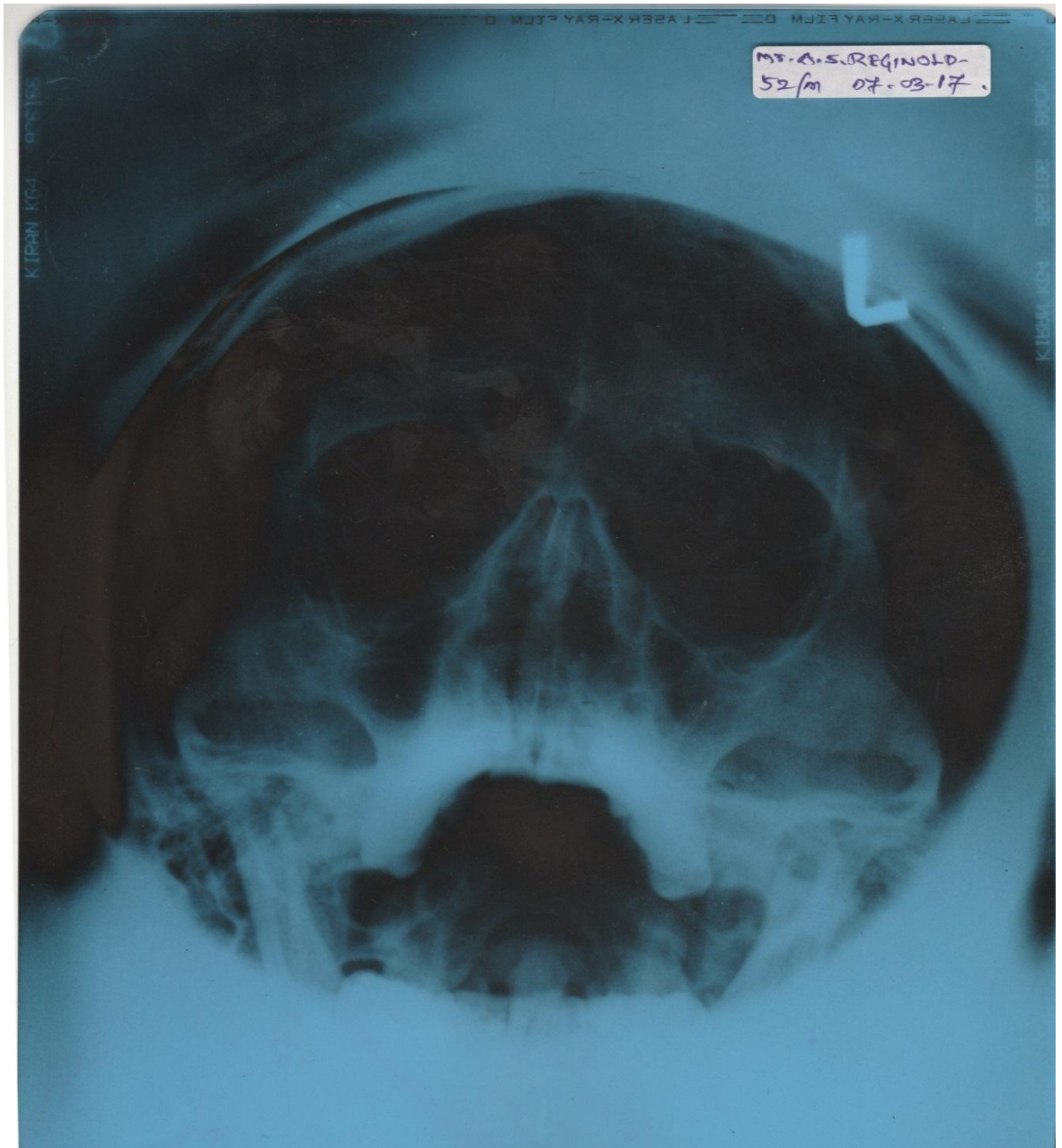


OP No. : 6768
R. No. : 24
Neikuri : Muthu



OP No. : 1748
R. No. : 36
Neikuri : Aazhi

X-RAY: PARANASAL SINUS

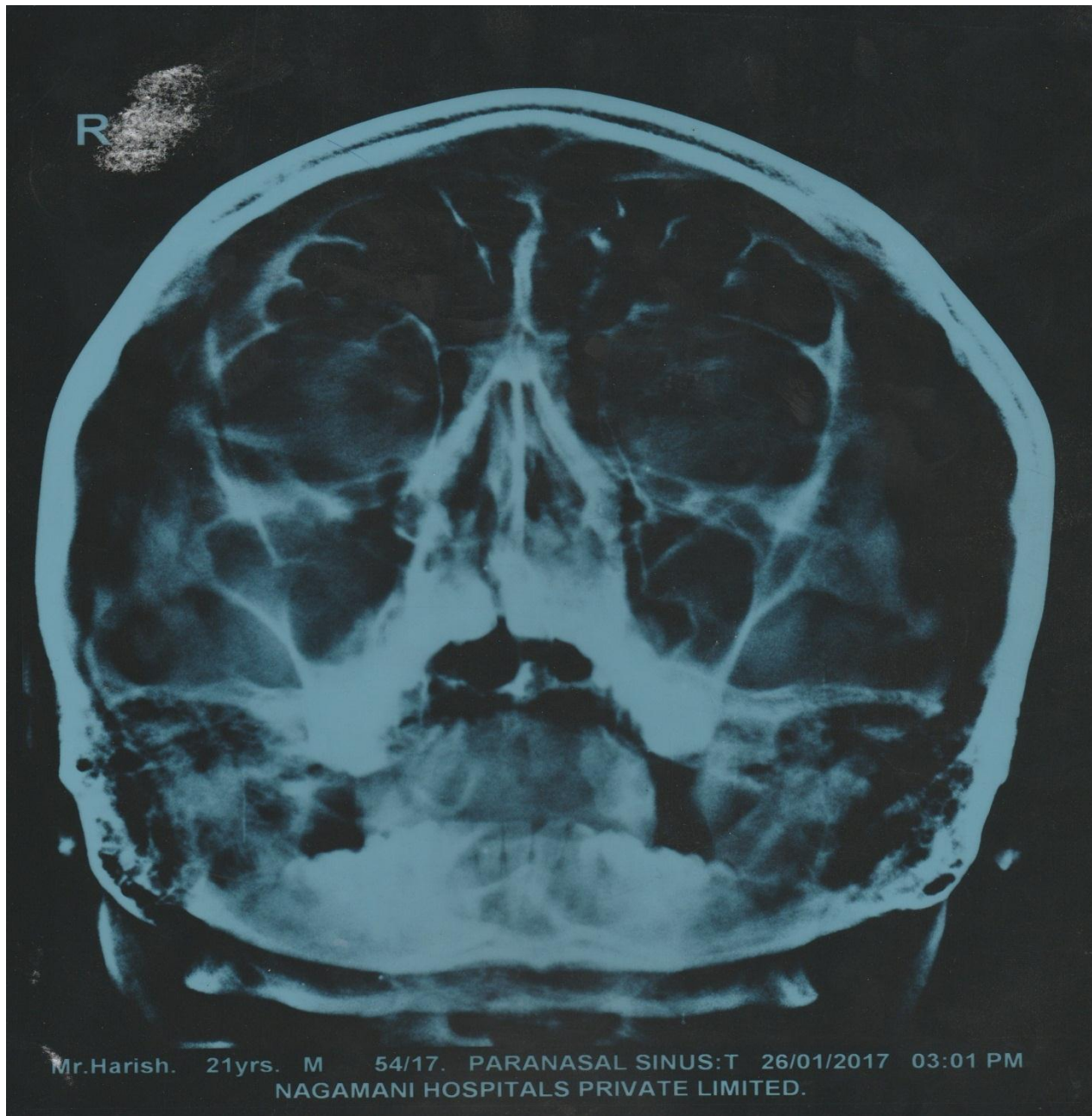


OP NO. 3522 AGE/SEX.54/M

X-RAY FINDING

Bilateral maxillary and frontal sinusitis. Bilateral nasal turbinate hypertrophy

X-RAY: PARANASAL SINUS

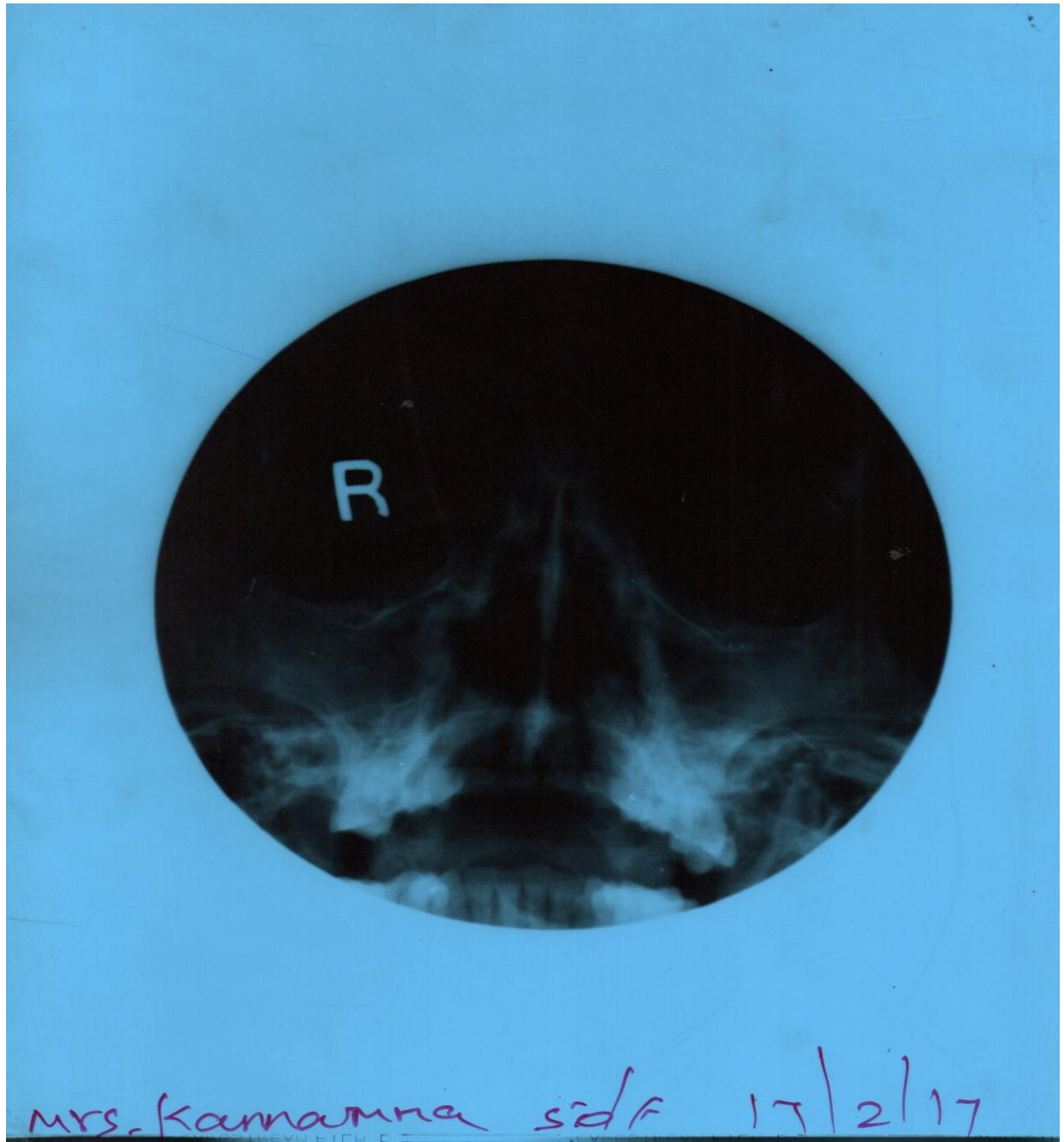


OP NO. 1960 AGE/SEX. 28/M

X-RAY FINDING

Mild bilateral maxillary Rhinosinusitis with Normal nasal septum seen

X-RAY : PARANASAL SINUS



OP NO. 6919 AGE/SEX.50/F

X-RAY FINDING

Maxillari Sinusitis Septem in the midline

Name : Mrs.A.lakshmi
Age : 38 Y/F
Ref.By.: Dr.A.Raja Mohan., BSc., DHMS., A.M.A.

Date : 28.06.2015
Id.No.: AB15/2327

Multislice CT -Paranasal Sinuses

Serial axial and coronal sections of the Paranasal sinuses was done, using 1.5 mm slice thickness.

The nasal septum is mildly deviated to left.

The turbinates are normal and show normal direction.

A small to moderate sized mucosal polyp in the floor of right maxillary sinus.

Mild mucosal thickening in bilateral maxillary, left sphenoid and few of the left ethmoid sinuses with mucosal blockage of bilateral maxillary infundibulum.

The frontal sinus and frontal recess are normal on both sides.

The uncinate process and the region of hiatus semilunaris are normal on both sides.

Rest of the ethmoid sinuses appear normal.

The sphenoid-ethmoid recess is normal.

Right sphenoid sinus is normal.

There is no obvious dehiscence of the optic nerves or carotid canals.

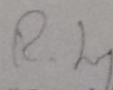
No evidence of osteitis, bone sclerosis or bone erosion is visualized.

No obvious intra orbital or intracranial complication of sinusitis is visualized.

The visualized nasopharynx is normal.

Impression:

- A small to moderate sized mucosal polyp in the floor of right maxillary sinus.
- Mild mucosal thickening in bilateral maxillary, left sphenoid and few of the left ethmoid sinuses with mucosal blockage of bilateral maxillary infundibulum.


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SUMMARY

7.SUMMARY

- The aim of this study is to evaluate the significance of the disease PITHA THALAINOKKADU with help of siddha parameters Ennvagai thervu and Thegiyin Elakkanam.
- PITHA THALAINOKKADU comes under the Yugi Muni Vaithiya Chinthamani -800. Which is one of the type of Vatha disease, characterized by burning sensation, numbness, tingling sensation, pain in both extremities.
- The author had collected review of literature, definition, etiology and classification from various text.
- For the clinical study 40 cases (OPD) were recruited for the observational per the inclusion and exculsion criteria and the informed consent were obtained from the patients.
- Case sheet proforma was maintained for 40 cases
- Laboratory investigations were carried out before the study.
- Ennvagai Thervu and Thegiyin Elakkanam were focused in the study.
- In this study out of 40 cases following datas were observed and discussed.

DISCUSSION

8.DISCUSSION

Pitha Thalainokkadu is one of the eighty types of Vatha disease described by spiritual giant Yugi in the classics Yugi muni Vaithya Cinthamani 800.

Out of 50 cases screened in OP of GSMC, Arignar Anna Government Hospital Of Indian Medicine and Homeopathy, 40 cases were recruited for the study.

Among 40 cases, 55% of cases came under 40 –50yrs, 30% of cases came under 30 – 40yrs, and 15% of cases came under 20 – 30yrs. 55% of cases came under age group of 40 –50yrs.

Among 40 cases, 60% of cases are males, and 40% cases are females. In the study 60% of cases affected were males. Due to decreased physical activity and stress induced factors they may develop the disease faster as compared to females.

Among 40% cases, 62.5% of cases came under pitha kalam, and 37.5% cases came under Vatha kalam. 62.5% of cases came under pitha kalam (62.5%)i.e., during 34-66 yrs (Middle age group).

Among 40 cases 92.5% of cases from neithal nilam, and 7.5% of cases from marutha nilam. 92.5% of cases from neithal nilam. This is because of the study centre is located in neithal adjoining area. There is no other specify inference could made respect to the study.

Among 40 cases, 30% of cases have vegetarian diet and 70% of cases have mixed diet.70% of cases have mixed diet (non vegetarian). Non vegetarian diet forms the base for the development of the disease.

Among 40 cases 70% were sedentary workers , 17.5% were Field workers who have with physical work , 5% were Executive workers. 70% were sendentary workers, they have less physical activity. This may be one of the reason for the development of the disease Piththalainokkadu..

Among 40 cases, 53% of cases had melivu nilai, 32% had iyalbu nilai, 15% had valivu nilai. 53% had melivu udal nilai, this may be because of the chronicity of disease patient had melivu udal nilai.

The diagnostic methodology in siddha system is unique and among them naadi plays a pivotal role. Among 40 cases, 87.5% had Pitha Vadham naadi, 5% of cases had Vatha pitham, 7.5% cases had Pitha kabam. In the pulse play it was observed that Pitham was operational in majority of the cases. Pitham is responsible for the starting of the case process of the pithathalainokkadu.

In Naa among 40 cases 32.5% cases had pallor tongue, 22.5% had pullipu suvai, 27.5% had decreased vai neer ooral. Pullipu suvai, decreased vai neer ooral indicates the derangement of Vatha humor. Some cases have coated tongue, kaippu suvai. The deranged Vatha humor imbalances Pitha and then kapha humor and forms the base of the disease.

In Niram among 40 cases 52.5% had wheatish complexion.

In Mozhi 60% with Moderate pitched voice.

In vizhi 82.5% of cases had venmai venvizhi, 75% of cases had erichal in eyes. Erichal may be due to increased pitha humour in the patients of vatha ubagadham.

In Malam among 40 cases 37.5% cases had presence of constipation, 62.5% cases had absence of constipation. No specific inference could be made out in this study from the examination of malamkuri.

In Neerkuri among 40 cases, 77.5 % of cases had pale yellow coloured urine and 22.5 % of cases had yellow coloured urine. No specific inference could be made out in this study from the examination of Neerkuri.

In Neikuri 55% of cases had aazhi pol paraval Neikkuri. As per Sage theraiyar “aazhi pol paravin pitham” it is evident that pitha humour is affected in vatha ubagadham, hence the Majority of cases had aazhi pol paraval Neikkuri which is validated from the literature.

In Sparism 70% of cases had mitha veppam and 90% of cases had tenderness. Presence of mitha veppam shows the increased pitha humour and presence of tenderness shows the increased vatha humor in the pithathalainokkadu patients.

In Manikadai Nool among 40 cases, 75% had viralkadai alavu $9\frac{1}{2}$, this means the disease pithathalainokkadu may fall in wrist circumference of $9\frac{1}{2}$. In Mukkutram, Vatham among 40 cases Abanan, Viyanan, Devathadhan were affected in 100% cases, pranam were affected in 37.5% cases. The components of the vadham which is responsible for movements, sensation of touch, were affected causing numbness and tingling sensation in palms and soles of the feet.

In Pitham, among 40 cases Sathagam were affected in 100% cases, Pasagam were affected in 75% cases, Avalambagam were affected in 37.5% cases. The components of Pitham connected with digestion, activeness, haemopoietic activity are affected. These deranged pithams causes burning sensation in hand and feet.

In Kabam among 40 cases, 100% of cases Santhigam which is responsible for lubrication of joints and Avalambagam which controls all the 4 kaphams were affected. 75% cases tharpagam responsible for coolness of eye is affected, which causes burning sensation of eyes. This shows the deranged kaba humor.

In Udal Thathukkal among 40 cases Saaram, affected in 100% cases, enbu affected in 50% cases. IEC approved my dissertation entitled “A clinical study on Siddha standardization of siddha diagnostic tools and including line of treatment and dietary regimen of pitha thalai nokkadu (maxillary sinusitis)” with the allowed sample size of 40 patients which combined gender IEC No. GSMC- CH-ME-4/2015/024.

The global mandate is to register all clinical study trial prospective before the enrolment of the first patient. I had successfully registered my dissertation entitled “A Clinical Study On Siddha Standardization Of Siddha Diagnostic Tools And Including Line Of Treatment And Dietary Regimen Of Pitha Thalai Nokkadu (Maxillary Sinusitis)” by submitting the details and scientific data CTRI Trail Ref No:2017/07/014738.

DIFFERENTIAL DIAGNOSIS

9.DIFFERENTIAL DIAGNOSIS

வாதத் தலைநோக்காடு

சாத்தியமாம் வாதத்தின் தலை நோக்காடு

தண்மையாம் பிடரிபற்றித் தலைநேர யுண்டாங்

காத்திரமாய்க் காதிரண்டுந் தான்வ் லித்துக்

கதுப்படியுங்க் குறட்டோடு மூக்கு உச்சி

நேத்தியுமாய் நெற்றியோடு நேர்வு மாகி

நெருக்கமான வாப்படித்தாற் போலே குத்தும்

மாத்தியமாய் மனக்கி லேசப் படுத்தும்

வாதத்தலை நோக்காடு உண்மைதானே

Increased vatha affect occipital region and produced pain.

In cause throbbing pain in the jaw,nose,temporal and forehead, lassitude also occurs.

In mookku neer paaichal there is no throbbing pain in the jaw but Recurrent sneezing,running nose occur.

சேத்துமத் தலைநோக்காடு

நோக்காட்டில் மிகத் தண்ணீர் குடிக்கை யாலும்

நுகர்ந்தபின் புலவாமற் படுக்கை யாலுந்

தீக்காட்டில் மிகத்திரண்டு சிலேத்துமந் துன்னிச்

சிரசெங்கும் நோவாகிப் பிடரி யோடு

வேக்காட்டிற் றேகமெல்லாம் மிகவெ ளுத்து

மேனியுமோ மிகவுலர்ந்து சுரமுண் டாகுஞ்

சாக்காட்டிற் பசியற்று ருசியில் லாததால்

சண்டாளச் சிலேட்டுமத்தின் தலை நோக் காடே

Excessive intake of water during sickness:

- ❖ Immediately going to bed after taking food causes increased pitha.
- ❖ Increased pitha mixed with kabha and produce pain in the head and occipital region
- ❖ It also produces pallor, dryness, fever anorexia and occipital pain.

1. NASEKAPEDAM

“நாசியிற் றசைவ ளர்ந்து நலுவுற வடைக்கு நாசி
மாசுசேர் சீநீர் வீழு மண்டையுங் கனத்து நொந்து
பேசரும் வலியுண்டாகும் பெருகுகண் கதுப்பு நோகும்
நாசிகா பீட மென்று நவின்றனர் கவைவல் லோரே”

Siddhar Aruvai Maruthuvam

Polyp growth in the nose, nasal obstruction. Dust present in the nose, nasal discharge, headache, pain in the eye.

In mookku neer paaichal all the symptoms are expect no growth of polyp.

2. ILAIPPU NOI

“சண்டமும் நெஞ்சங் காய்ந்து கண்ணுமுட் குழியு நீடி
அண்டிடு காலை மாலை யருஞ்சுரந்தோன்றிக் கூறும்
மிண்டிய இருமல் மிஞ்சி வெகுநாளாய் நிற்கி லீது
கொண்டிரு சயரோகந்தான் கூறுநன் மருந்து கேண்மோ”

Noi Naddal – Part 2

Dryness of the throat and vocal cord chest pain, shrinkage of eyes, low grade fever present in the morning and evening time, continuous cough present.

In Mookku neer paaichal do not present do not present in fever and continuous cough.

3. IRAIPPU NOI

“மார்பில் விலாவிரண்டில் மண்ணுமிரு நெரியில்

சேர்ந்து வலித்தல் திணறலி/- தார்மூச்சு

உப்பல் வயிற்றி உருவதுவே முற்குறியாச்

செப்பிரைப்பு நோய்க்கிதனைத் தேர்”

Noi Nadal Part 2

Chest pain, pain present in the both rib region, breathlessness, sneezing, sweating, flatulence present.

In mookku neer paaichal does not present in breathlessness and flatulence.

CONCLUSION

10.CONCLUSION

The disease pith thalainokkadu was taken for my clinical study with reference in Yugi Muni Vaithiya Chinthamani -800. The study on pith thalainokkadu was carried out in this dissertation giving importance to the changes in Udal thathukkal and uyir thathukkal. The changes in the Udal thathukkal and Uyir thathukkal were assessed by Siddha parameters such as Envagai thervugal, Poriyaal arithal, Pulanal arithal and vinaathal.

A paralled modern diagnosis was derived through routine blood tests, Urine test. For this study 40 cases were observed clinically in the out patient division.

From this study, the following datas concluded as,

- Maximum incidence of age was between 51-60 ie.pitha kaalam.
- The aetiological factors for pith thalainokkadu mainly due to seasonal variation environmental changes and altered food habits and improper life style.
- Maximum number of cases were from Neithal nilam.
- Abaanan, viyaanan, affected in 50% cases.
- Sathaga pitham was affected in all cases.

The observational study reveals

In Envagai thervu

- Naadi - 87.5% Pitha Vadha naadi.
- Neerkuri - 77.5 % of cases with pale yellow coloured urine.
- Neikuri - 55% of cases showed Aazhi in neikuri.
- Thegam - 75% of cases showed Pitha Vadha thegam.

Pathogenesis Pitha Thalainokkadu was primarily due to derangement of pitham which then affect vadham, and Iyam kuttram in various degree.

The symptoms of Pith Thalainokkadu may be correlated with maxillary sinusitis in modern diagnosis.

**LINE OF TREATMENT
AND
DIETARY REGIMENT**

11.LINE OF TREATMENT

- ❖ உணவாதி செயல்களால் உடல் வெப்பமடைந்து அழல் மிகுதிப்படும் போது ஐயத்தைப் பெருக்ககூடிய செயல்களால் ஐயம் பெருகி அழலையமாகி இந்நோயைப் பிறப்பிக்கும்.
- ❖ அழல் ஐய குற்றங்களைத் தன்னிலைப்படுத்த எண்ணெய் வகைகளைக் கொண்டு தலைமுழுகச் செய்ய வேண்டும்.
- ❖ Vamanam : Uthamani Saru (5-10 ml)
- ❖ சுக்கு, மிளகு, திப்பிலி, மஞ்சள், தும்பைபூ, சொற்ருப்பு இவற்றை கண்டங்கத்திரி சாறு விட்டிரைத்து புகை போடவும்.
- ❖ வேது
 - எலுமிச்சம்விதையை நீரில் போட்டு கொதிக்கவைத்து ஆவி பிடித்தல்
 - கொதிக்கும் நீரில் மஞ்சட்பொடியைத்தூவி பிடித்தல்

உணவுமுறை விளக்கம்

சேர்க்கக் கூடாத உணவு வகைகள்	சேர்க்கக் கூடிய உணவு வகைகள்
காய்கள் பாகற்காய், பூசணிக்காய், நீர்க்காய்கள்	மிளகு சேர்ந்த ரசம் கீரை, மணத்தக்காளி, அரைக்கீரை, முருங்கைக்கீரை, கறிவேப்பிலை, கொத்தமல்லி, புதினா, பிஞ்சு கத்தரி, முருங்கை
தானிய வகைகள் மொச்சை, கொள்ளு, கபு, சோளம், எள், கடுகு நிலக்கடலை	துவரைப்பருப்பு, பாசிபருப்பு, கொண்டைக்கடலை
கீரை வகைகள் அகத்திக்கீரை, சிறுகீரை, தண்டுக்கீரை, புளிச்சக்கீரை	மணத்தக்காளி கீரை
பழ வகைகள் மாம்பழம், பலாப்பழம், அன்னாசி, கொய்யா, சீத்தாப்பழம்	மாதுளை, பேரிச்சை, உலர்ந்த திராட்சை, பெரிய நெல்லிக்காய்
மாமிச வகைகள் கோழி, மீன், முட்டை, கருவாடு, பன்றிக்கறி	வரப்பு நண்டு, கச்சக்கருவாடு, வெள்ளாட்டிறைச்சி

பிணியனுகாவிதி

வீறு சதுர்நாட்கொருகால்

நெய் முழுக்கைத் தவிரோம்.

- (ப.கு.சி – (சித்த மருத்தவாங்கச் சுருக்கம் பக்க எண் 443)

4 நாட்கொருமுறை எண்ணெயிட்டு தலை முழுகுவோம்.

“எள்ளினையும் மூக்கூட்டெனுநெய்யும் ஆனெய்யும்.

விள்ளுரை லராதியென வீறு நெய்யும் ஆனெய்யும்.

வாரந் தனக்கிருநாள் வைத்தாடி நோய்களதி

காரந் நடக்கிடமில் காண்.”

எண்ணெய், மூக்கூட்டு நெய், பசுவின் நெய் முதலியவைகளினால்,
ஏழு தினத்திற்கு இரண்டு முறை தலை முழுகினால், உடலை வருத்துகின்ற
பிணிகள் வாரா.

Advice:

Pathiyam:

Substances that cure pitha Diseases:

Colocasis nodiflora, the ash of plantain leaves, asparagus recemosus and dried
Indian gooseberry cure Pitha diseases.

Juice of Eugenia, jumbolana seeds, white Acacia, cyperus rotandus, Hibiscus rosa
sinensis, flower of coccus nucifera and white pumpkin cure pitha disease.

கபம் நீக்கும் பொருட்கள்

“ஆவி நதுபால் அரத்தைமுள் ளங்கிமயில்
தூவி நறுஞ்சாம்பல் தூதளம் தேன் – மாவோமம்
தூய்ய சருக்காரை துழாய்விதைப் விளாம்பழமும்
ஐயமரை யோட்டும் அறி”

- பதார்த்த குண சிந்தாமணி பக்க எண் 361

Substances that cure Khaba disease:

Cow's milk, Alpinia officinarum, Radish, ash of peacock's feather, solanum trilobatum, honey, carum copitcum, sugarcane and seeds of ocimum santum cure Kabha disease.

Steam Inhalations

- Put a large container e.g washing up bowl on the table.
- Pour 3 pints of boiling water into it.
- Add a small amount of Notchi/menthol/eucalyputs.
- Sit down in front of the bowl with a towel over your head to form a "tent" over the bowl.
- Breathe the steam in through your nose, out through your mouth for five minutes.
- The effect of steam is to cause a reflex shrinking of the mucous membrane. It is also encourages ciliary activity.

To prevent attacks of maxillary sinusitis:

- Ensure a healthy balanced diet and regular exercise with plenty of fresh air.
- Avoid dusty, dirty or smokey atmospheres.
- Do not smoke and do not expose children to passive smoking.
- Go to bed at a sensible time-lack of sleep can depress the immune system
- Rest
- Plenty of fluids.

காலையில் எழுந்தவுடன் தெளிந்த நீர் அருந்தலின் பலன்

“தூங்கி விழித்தவுடன் சுத்தோ தகமருந்தில்

ஓங்கி நின்ற பித்தம் ஒழிவதன்றித் – தேங்கு

மலமுந் திரந்தங்கா வாதாதி யுந்தம்

தலமாத் திரமுலவுந் தான்.”

- (ப.கு.சி – (சித்த மருத்தவாங்கச் சுருக்கம் பக்க எண் 316)

- Assurance of recovery from disease should be given to all patients.
- Nutritive food and supportive therapy increase the immunity levels.
- All the patients are advised to follow moral principles in life.

ANNEXUARE

12.ASSESSMENT FORMS

Form –I Screening and selection Proforma

Form –IA History Proforma on enrollment

Form II Clinical Assessment on enrollment

Form –III Laboratory investigations on enrollment,
During the study

Form –IV Consent form

(Vernacular and English versions)

Form -IV- A Patient Information Sheet

(Vernacular and English versions)

GOVT SIDDHA MEDICAL COLLEGE, CHENNAI.

DEPARTMENT OF PG NOI NAADAL

“A CLINICAL STUDY ON

**SIDDHA STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOLS AND
INCLUDING LINE OF TREATMENT AND DIETARY REGIMEN OF PITHA
THALAI NOKKADU(MAXILLARY SINUSITIS)”**

FORM I

SCREENING AND SELECTION PROFORMA

1. O.P.No _____ **2. I.P No** _____ **3. Bed No:** _____

4. S.No: _____

5. Name: _____ **6. Age (years):** _____

7. Gender: M ☐ F ☐

8. Occupation: _____ **9. Income:** _____

10. Address: _____

11. Contact Nos: _____

12. E-mail : _____

CRITERIA FOR INCLUSION:

	YES	NO
1. AGE: 12-60 years	<input type="checkbox"/>	<input type="checkbox"/>
SEX: Both male and female.	<input type="checkbox"/>	<input type="checkbox"/>
2. Patients with any clinical features		
Nasal discharge	<input type="checkbox"/>	<input type="checkbox"/>
Running Nose	<input type="checkbox"/>	<input type="checkbox"/>
Heaviness of head	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Pain in the ear	<input type="checkbox"/>	<input type="checkbox"/>
Pain and tenderness in the	<input type="checkbox"/>	<input type="checkbox"/>
Eye and over the eyeblow		

CRITERIA FOR EXCLUSION:

Symptoms associated with

Sinusitis in Children

☐☐

Frontal Sinusitis

☐☐

Ethmoidal Sinusitis

☐☐

Migrane

☐☐

Date:

Signature:

FORM I-A

HISTORY PROFORMA

Reg.no

1. Sl. No of the case: _____

2. Name: _____ Height: _____ cms Weight: _____ Kgs

3. Age (years): _____ DOB

--	--

D D

--	--

M M

--	--	--	--

Y E A R

4. Educational Status:

1) Illiterate ☐ 2) Literate ☐ 3) Student ☐ 4) Graduate/ Post graduate ☐

5. Nature of work:

- | | |
|------------------------------------|--------------------------|
| 1) Sedentary work | <input type="checkbox"/> |
| 2) Field work with physical labour | <input type="checkbox"/> |
| 3) Field work Executive | <input type="checkbox"/> |
| 4) Painter | <input type="checkbox"/> |
| 5) Rubber industry | <input type="checkbox"/> |
| 6) Goldsmith | <input type="checkbox"/> |
| 7) Printing industry | <input type="checkbox"/> |
| 8) Mason | <input type="checkbox"/> |
| 9) Watchman | <input type="checkbox"/> |
| 6) Annual income of the Family | <input type="checkbox"/> |

☐

7) Total number of members share the income Adult Children

8. Complaints and Duration:

9. History of present illness:

10. History of Past illness:

	1. Yes	2. No
Any Infection	<input type="checkbox"/>	<input type="checkbox"/>
Systemic hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Ischemic heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Bronchial asthma	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Any major illnesses	<input type="checkbox"/>	<input type="checkbox"/>

11.Habits:

	1. Yes	2. No
Betel nut chewer:	<input type="checkbox"/>	<input type="checkbox"/>
Tea (No. of times/day)	<input type="checkbox"/>	<input type="checkbox"/>
Coffee (No. of times/day)	<input type="checkbox"/>	<input type="checkbox"/>
Type of diet V <input type="checkbox"/> NV <input type="checkbox"/> M <input type="checkbox"/>		

12. Personal history:

Marital status: Married ☐ Unmarried ☐

13. Family history:

History of similar symptoms Yes ☐ No ☐

14 .Menstrual and Obstetric history:

Age at menarche _____ years

Gravidity ☐ Parity ☐

Duration of the menstrual cycle _____

Constancy of cycle duration 1.Regular ☐ Irregular ☐

15. Etiology of Maxillary Sinusitis

1. Viral Infection
2. Bacteria Infection
3. Upper respiratory Tract Infection
4. Pollution

16. Symptoms of MAXILLARY SINUSITIS

Rhinorrhea

1. Headache
2. Excessive Salivation
3. Pain in uvula
4. Pain in the ear
5. Heaviness of the head
6. Pain and tenderness in the eye and over the eyebrow.

FORM II
CLINICAL ASSESSMENT

1. Serial No: _____

2. Date: _____

3. Name: _____

4. Date of birth:

--	--

--	--

--	--	--	--

D D M M Y E A R

5. Age: _____ years

GENERAL EXAMINATION:

Height: _____ cms .

BMI _____ (Weight Kg/ Height m²)

Weight (kg):

Temperature (°F):

Pulse rate:

Heart rate:

Respiratory rate:

Blood pressure:

Pallor:

Jaundice:

Cyanosis:

Lymphadenopathy:

Pedal edema:

Clubbing:

Jugular vein pulsation:

VITAL ORGANS EXAMINATION

	Normal	Affected
1. Stomach	<input type="checkbox"/>	<input type="checkbox"/>
2. Liver	<input type="checkbox"/>	<input type="checkbox"/>
3. Spleen	<input type="checkbox"/>	<input type="checkbox"/>
4. Lungs	<input type="checkbox"/>	<input type="checkbox"/>
5. Heart	<input type="checkbox"/>	<input type="checkbox"/>
6. Kidney	<input type="checkbox"/>	<input type="checkbox"/>
7. Brain	<input type="checkbox"/>	<input type="checkbox"/>

SYSTEMIC EXAMINATION:

1. Cardio Vascular System _____
2. Respiratory System _____
3. Gastrointestinal System _____
4. Central Nervous System _____
5. Urogenital System _____
6. Endocrine System _____
7. Musculo skeletal system _____

SIDDHA SYSTEM OF EXAMINATION

[1] ENNVAGAI THERVU [EIGHT-FOLD EXAMINATION]

I. NAADI (KAI KURI) (RADIAL PULSE READING)

(a) NaadiNithanam (Pulse Appraisal)

1. Kaalam (Pulse reading season)

- | | | |
|--|---|--|
| 1. Kaarkaalam <input type="checkbox"/>
(Aavani,Purataasi) | 2.Koothirkaalam <input type="checkbox"/>
(Iypasi,Karthigai) | 3. Munpanikaalam <input type="checkbox"/>
(Margazhi,Thai) |
| 4. Pinpanikaalam <input type="checkbox"/>
(Maasi,Panguni) | 5. Ilavenirkaalam <input type="checkbox"/>
(Chithirai,Vaigasi) | 6.Muthuvenirkaalam <input type="checkbox"/>
(Aani,Aadi) |

2. Desam (Climate of the patient's habitat)

- | | |
|--|---|
| 1. Kulir <input type="checkbox"/>
(Temperate) | 2. Veppam <input type="checkbox"/>
(Hot) |
|--|---|

- | | | | |
|------------------|---|---|--|
| 3. Vayathu (Age) | 1. 1-33yrs <input type="checkbox"/>
(Vathakalam) | 2.34-66yrs <input type="checkbox"/>
(Pithakalam) | 3.67-100 <input type="checkbox"/>
(Kabakalam) |
|------------------|---|---|--|

4. UdalVanmai (General body condition)

- | | | |
|---|--|---|
| 1. Iyyalbu <input type="checkbox"/>
(Normal built) | 2. Valivu <input type="checkbox"/>
(Robust) | 3.Melivu <input type="checkbox"/>
(Lean) |
|---|--|---|

5. NaadiyinVanmai (Expansile Nature)

- | | |
|------------------------------------|-----------------------------------|
| 1. Vanmai <input type="checkbox"/> | 2.Menmai <input type="checkbox"/> |
|------------------------------------|-----------------------------------|

6. Panbu (Habit)

- | | | |
|---|---|--|
| 1. Thannadai <input type="checkbox"/>
(Playing in) | 2. Munnokku <input type="checkbox"/>
(Advancing) | 3.Pinnokku <input type="checkbox"/>
(Flinching) |
|---|---|--|

- | | | | | | |
|------------------------------|--------------------------|------------------------------|--------------------------|-----------------------------|--------------------------|
| 4. Pakkamnokku
(Swerving) | <input type="checkbox"/> | 5.Puranadai
(Playing out) | <input type="checkbox"/> | 6.Illaitthal
(Feeble) | <input type="checkbox"/> |
| 7. Kathithal
(Swelling) | <input type="checkbox"/> | 8.Kuthithal
(Jumping) | <input type="checkbox"/> | 9. Thullal
(Frsiking) | <input type="checkbox"/> |
| 10. Azhutthal
(Ducking) | <input type="checkbox"/> | 11. Padutthal
(Lying) | <input type="checkbox"/> | 12 .Kalatthal
(Blending) | <input type="checkbox"/> |
| 13. Suzhalal
(Revolving) | <input type="checkbox"/> | | | | |

(b) Naadinadai (Pulse Play)

- | | | | | | |
|--------------|--------------------------|----------------|--------------------------|------------------|--------------------------|
| 1. Vali | <input type="checkbox"/> | 2 . Vali Azhal | <input type="checkbox"/> | 3. Vali Iyyam | <input type="checkbox"/> |
| 4. Azhal | <input type="checkbox"/> | 5. Azhal Vali | <input type="checkbox"/> | 6. Azhal Iyyam i | <input type="checkbox"/> |
| 7. Iyyam | <input type="checkbox"/> | 8. Iyya vali | <input type="checkbox"/> | 9. Iyya Azhal | <input type="checkbox"/> |
| 10.Mukkutram | <input type="checkbox"/> | | | | |

II.NAA (TONGUE)

1. MaaPadithal

Normal ☐ Present ☐ Absent ☐

Uniform ☐ Patches ☐ Niram _____

- | | | | | | | |
|----------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|
| 2. NaavinNiram
(Colour) | 1.Karuppu
(Dark) | <input type="checkbox"/> | 2.Manjal
(Yellow) | <input type="checkbox"/> | 3.Velluppu
(Pale) | <input type="checkbox"/> |
|----------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|

3. Suvai (Taste sensation) 1. Kaippu (Bitter) ☐ 2. Pulippu (Sour) ☐ 3. Inippu (Sweet) ☐

4. Vedippu (Fissure) 1. Present ☐ 2. Absent ☐

5. Vaineerooral (Salivation) 1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

Colour Colouress ☐ Milkywhite ☐

6. Deviation Present ☐ Absent ☐

7. Pigmentation Present ☐ Absent ☐

Dot ☐ Whole ☐

Area of Pigmentation

Tip ☐ Sides ☐ Root ☐ Whole ☐

III. NIRAM (COLOUR)

1. IyalbanaNiram 1. Karuppu ☐ 2. Manjal ☐ 3. Velluppu ☐
(Dark) (Yellowish) (Fair)

4. Maaniram(wheatish) ☐

2. Nirammaatram ☐ present ☐ absent ☐

1. Karuppu ☐ 2. Manjal ☐ 3. Velluppu ☐
(dark) (yellowish) (Pale)

Regular ☐ Irregular ☐

3. PadhikkapattaIdathiltholinthanmai

1. Iyalbu ☐ 2. Minuminuppu ☐ 3. Mangal ☐
(Normal) (Shiny) (Muddy)

IV. MOZHI (VOICE)

1. Sama oli ☐ 2. Urattha oli ☐ 3. Thazhantha oli ☐
(Medium pitched) (High pitched) (Low pitched)

V. VIZHI (EYES)

1. Niram (Venvizhi) (Discoloration)

- | | |
|---|---|
| 1. Karuppu <input type="checkbox"/>
(Dark) | 2. Manjal <input type="checkbox"/>
(Yellow) |
| 3. Sivappu <input type="checkbox"/>
(Red) | 4. Velluppu <input type="checkbox"/>
(White) |
| 5. Pazhupu(muddy) <input type="checkbox"/> | 6. No Discoloration <input type="checkbox"/> |

1. Imai Neeki Paarthai

- | | |
|--|--|
| 1. Sivapu <input type="checkbox"/>
(Red) | 2. Velluppu <input type="checkbox"/>
(Pale) |
| 3. Ilam Sivappu <input type="checkbox"/>
(Pink) | 4. Manjal <input type="checkbox"/>
(Yellow) |

2. Neerthuvam ☐ 1. Normal ☐ 2. Increased ☐ 3. Reduced ☐
(Moisture)

3. Erichchal ☐ 1. Present ☐ 2. Absent ☐
(Burning sensation)

4. Peelaiseruthal ☐ 1. Present ☐ 2. Absent ☐
(Mucus excrements)

5. Any other eye disease _____

VI. MEI KURI (PHYSICAL SIGNS)

1. Veppam 1. Mitham ☐ 2. Migu ☐ 3. Thatpam ☐

2. Viyarvai 1. Increased ☐ 2. Normal ☐ 3. Reduced ☐
(Sweat)

Colour _____

Smell Present ☐ Absent ☐ _____

Place _____

3. Thoduvali 1. Present ☐ 2. Absent ☐

(Tenderness)

4. PadhikapattaIdathil 1. Erichal ☐ 2. Arippu ☐ 3. Unarchiinmai ☐

Unarvu(Burning sensation) (Itching) (Loss of sensation) (Sensation)

VII. MALAM (STOOLS)

1. Ennikai / Naal □

2. Alavu a) Normal ☐ b) Increased ☐ c) Decreased ☐

(Quantity)

3. Niram
(Color)

1. Karuppu
(Black)

2. Manjal
(Yellowish)

3. Sivappu
(Reddish)

4. Velluppu
(Pale)

4. Sikkal (Constipation)	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>	
5. Sirutthal (Poorly formed stools)	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>	
6. Kalichchal / Naal					
1. Loose watery stools	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>	
2. Digested food	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>	
3. Seetham	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>	
(Watery and mucoid excrements)					
Colour of Seetham	1. Venmai	<input type="checkbox"/>	2. Manjal	<input type="checkbox"/>	
7. Vemmai	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>	
8. Passing of	a) Mucous	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
	b) Blood	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
9. History of habitual Constipation	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>	

VIII. MOOTHIRAM (URINE)

(a) NEER KURI (PHYSICAL CHARACTERISTICS)

1. Niram (colour) Normal ☐ Abnormal ☐

Colourless ☐ Milky purulent ☐ Orange ☐

Red ☐ Greenish ☐ Dark brown ☐

Bright red ☐ Black ☐ Brown red or yellow ☐

2.Manam (odour) Yes No

Ammonical : ☐ ☐

Fruity : ☐ ☐

Others : _____

3. Edai (Specific gravity) Yes No

Normal (1.010-1.025) : ☐ ☐

High Specific gravity (>1.025) : ☐ ☐

Low Specific gravity (<1.010) : ☐ ☐

Low and fixed Specific gravity : ☐ ☐

(1.010-1.012)

4. Alavu (volume)

Yes

No

Normal (1.2-1.5 lt/day)

:

☐☐

Polyuria (>2lt/day)

:

☐☐

Oliguria (<500ml/day)

:

☐☐

Anuria

:

☐☐**5. Nurai (froth)**

Yes

No

Clear

:

☐☐

Cloudy

:

☐☐

If froth present, colour of the froth : _____

6.Enjal (deposits)

:

Yes

No

☐☐

b) NEI KURI (oil spreading sign)

1. Aravam

☐

2. Mothiram

☐

(Serpentine fashion)

(Ring)

3. Muthu

☐

4. AravilMothiram

☐

(Pearl beaded appear)

(Serpentine in ring fashion)

5. AravilMuthu

☐

6. MothirathilMuthu

☐

(Serpentine and Pearl patterns)

(Ring in pearl fashion)

7. MothirathilAravam

☐

8. MuthilAravam

☐

(Ring in Serpentine fashion)

(Pearl in Serpentine fashion)

9. MuthilMothiram

☐

10. Asathiyam

☐

(Pearl in ring fashion)

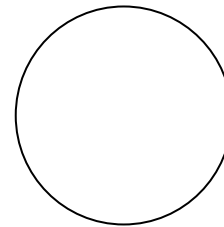
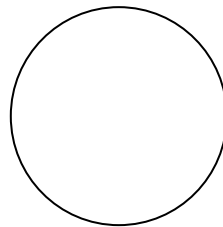
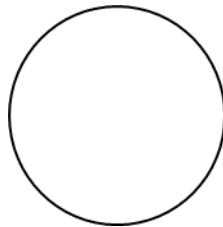
(Incurable)

11. Mellenaparaval

☐

12.others:_____

(Slow spreading)



[2]. MANIKKADAI NOOL (Wrist circummetric sign) : Rt ____ fbs;Lt____fbs

[3]. IYMPORIGAL /IYMPULANGAL (Penta sensors and its modalities)

	1. Normal	2. Affected
1. Mei (skin)	<input type="checkbox"/>	<input type="checkbox"/>
2. Vaai (Mouth/ Tongue)	<input type="checkbox"/>	<input type="checkbox"/>
3. Kan (Eyes)	<input type="checkbox"/>	<input type="checkbox"/>
4. Mookku(Nose)	<input type="checkbox"/>	<input type="checkbox"/>
5. Sevi (Ears)	<input type="checkbox"/>	<input type="checkbox"/>

[4]. KANMENTHIRIYANGAL /KANMAVIDAYANGAL

(Motor machinery and its execution)

	1. Normal	2. Affected
1. Kai (Hands)	<input type="checkbox"/>	<input type="checkbox"/>
2. Kaal (Legs)	<input type="checkbox"/>	<input type="checkbox"/>
3. Vaai (Mouth)	<input type="checkbox"/>	<input type="checkbox"/>
4. Eruvai(Analepy)	<input type="checkbox"/>	<input type="checkbox"/>
5. Karuvaai (Birth canal)	<input type="checkbox"/>	<input type="checkbox"/>

Sl.NO	VATHAM	PITHAM	KABAM
1.	Narrow hips and shoulder <input type="checkbox"/>	Moderate built. <input type="checkbox"/>	Broad hips and shoulder. <input type="checkbox"/>
2.	Dry, dark, rough, cold and wrinkled skin. <input type="checkbox"/>	Soft, fair, oily, delicate with pink to red moles and pigmentation skin. <input type="checkbox"/>	Oily, white, pale, moist and smooth skin. <input type="checkbox"/>
3.	Dry, dark brown to black in colour. Curly hair. <input type="checkbox"/>	Fine light brown, soft, associated with premature greying hair. <input type="checkbox"/>	Oily, thick, dense, dark straight hair. <input type="checkbox"/>
4.	Small, black or brown eye. <input type="checkbox"/>	Grey or green eye. <input type="checkbox"/>	White, clear, moist eye. <input type="checkbox"/>
5.	High pitched and speech voice. <input type="checkbox"/>	Medium and sharp pitched voice. <input type="checkbox"/>	Low pitched and melodious. <input type="checkbox"/>
6.	Dry, hard stools, constipated, irregular and less in quantity. <input type="checkbox"/>	Soft,oily,loose stools and regular evacuation. <input type="checkbox"/>	Heavy solid stools and regular evacuation. <input type="checkbox"/>
7.	Restless get tired quickly. <input type="checkbox"/>	Agreesive, focused. <input type="checkbox"/>	Carm and steady. <input type="checkbox"/>
8.	Short, disturbed sleep lasting for 4-5 hours. <input type="checkbox"/>	Sound, medium disturbed lasting for 5-7 hours. <input type="checkbox"/>	Deep, restful prolonged, asy to fall a sleep lasting for 8 hours. <input type="checkbox"/>
9.	Short term memory. <input type="checkbox"/>	Good bt not prolonged memory. <input type="checkbox"/>	Long term memory. <input type="checkbox"/>
10.	Crackling sounds of joints on walking. <input type="checkbox"/>	Thin covering of bones and joints by soft tissues. <input type="checkbox"/>	Plumpy joints and limbs. <input type="checkbox"/>

[5]. YAKKAI (SOMATIC TYPES)

RESULTANT SOMATIC TYPE: _____

[6] GUNAM

1. SathuvaGunam ☐

2. RajoGunam ☐

3. ThamoGunam ☐

[7]KOSAM

	Normal	Affected
1. Annamayakosam (7 udarthathukal)	<input type="checkbox"/>	<input type="checkbox"/>
2. Praanamyakosam (Praanan+ kanmenthiriyam)	<input type="checkbox"/>	<input type="checkbox"/>
3. Manomayakosam (Manam + gnendhiriyam)	<input type="checkbox"/>	<input type="checkbox"/>
4. Vingnanamayakosam (Budhi+ gnendhiriyam)	<input type="checkbox"/>	<input type="checkbox"/>
5. Aanandamayakosam (Pranavaayu + suluthi)	<input type="checkbox"/>	<input type="checkbox"/>

[8] UYIR THATHUKKAL

A. VALI

	1. Normal	2. Affected
1. Uyirkaal (Praanan)	<input type="checkbox"/>	<input type="checkbox"/>
2. Keel nokungkaal (Abaanan)	<input type="checkbox"/>	<input type="checkbox"/>
3. Nadukkaal (Samaanan)	<input type="checkbox"/>	<input type="checkbox"/>
4. Mel nokungkaal (Udhanan)	<input type="checkbox"/>	<input type="checkbox"/>
5. Paravungkaal (Viyaanan)	<input type="checkbox"/>	<input type="checkbox"/>
6. Naahan	<input type="checkbox"/>	<input type="checkbox"/>
7. Koorman	<input type="checkbox"/>	<input type="checkbox"/>
8. Kirukaran	<input type="checkbox"/>	<input type="checkbox"/>
9. Devathathan	<input type="checkbox"/>	<input type="checkbox"/>
10. Dhananjeyan	<input type="checkbox"/>	<input type="checkbox"/>

B. AZHAL

	1. Normal	2. Affected
1. Analapittham	<input type="checkbox"/>	<input type="checkbox"/>
2. Prasaka pittham	<input type="checkbox"/>	<input type="checkbox"/>
3. Ranjaka pittham	<input type="checkbox"/>	<input type="checkbox"/>
4. Aalosaka pittham	<input type="checkbox"/>	<input type="checkbox"/>
5. Saathakapittham	<input type="checkbox"/>	<input type="checkbox"/>

C. IYYAM

	1. Normal	2. Affected
1. Avalambagam	<input type="checkbox"/>	<input type="checkbox"/>
2. Kilethagam	<input type="checkbox"/>	<input type="checkbox"/>
3. Pothagam	<input type="checkbox"/>	<input type="checkbox"/>
4. Tharpagam	<input type="checkbox"/>	<input type="checkbox"/>
5. Santhigam	<input type="checkbox"/>	<input type="checkbox"/>

[9] UDAL THATHUKKAL

A.SAARAM

INCREASED SAARAM (CHYLE)		DECREASED SAARAM(CHYLE)	
Loss of appetite	<input type="checkbox"/>	Loss weight	<input type="checkbox"/>
Excessive salivation	<input type="checkbox"/>		<input type="checkbox"/>
Loss of perseverance	<input type="checkbox"/>	Tiredness	
Excessive heaviness	<input type="checkbox"/>		
White musculature	<input type="checkbox"/>	Dryness of the skin	<input type="checkbox"/>
Cough, dyspnea, excessive sleep	<input type="checkbox"/>		
Weakness in all joints of the body	<input type="checkbox"/>	Diminished activity of the sense organs	<input type="checkbox"/>

SAARAM: INCREASED ☐ DECREASED ☐ NORMAL ☐

B. SENNEER:

INCREASED CENNEER(BLOOD)		DECREASEDCENNEER(BLOOD)	
Boils in different parts of the	<input type="checkbox"/>	<div>Anemia <input type="checkbox"/></div> <div>Tiredness <input type="checkbox"/></div> <div>Neuritis <input type="checkbox"/></div> <div>Lassitude <input type="checkbox"/></div> <div>Pallor of the body <input type="checkbox"/></div>	
Body			
Anorexia	<input type="checkbox"/>		
Mental disorder	<input type="checkbox"/>		
Splenomegaly	<input type="checkbox"/>		
Colic pain	<input type="checkbox"/>		
Increased pressure	<input type="checkbox"/>		
Reddish eye and skin	<input type="checkbox"/>		
Jaundice	<input type="checkbox"/>		
Haematuria	<input type="checkbox"/>		

CENNEER: INCREASED ☐ DECREASED ☐ NORMAL ☐

[C]. OON

INCREASED OON (MUSLE)	DECREASED OON (MUSLE)
Cervical lymphadenitis <input type="checkbox"/>	Impairment of sense organs <input type="checkbox"/>
Vernical ulcer <input type="checkbox"/>	Joint pain <input type="checkbox"/>
Tumour in face ,abdomen, thigh, genitalia <input type="checkbox"/>	Jaw, thigh and genitalia gets shortened <input type="checkbox"/>
Hyper muscular in the cervical region <input type="checkbox"/>	

OON: INCREASED ☐ DECREASED ☐ NORMAL ☐

D. KOZHUPPU

INCREASED KOZHUPPU (ADIPOSE TISSUE)	DECREASED KOZHUPPU (ADIPOSE TISSUE)
Cervical lymph adenitis <input type="checkbox"/>	Pain in the hip region <input type="checkbox"/>
Vernical ulcer <input type="checkbox"/>	Disease of the spleen <input type="checkbox"/>
Tumour in face, abdomen, thigh, genitalia <input type="checkbox"/>	
Hyper muscular in the cervical region <input type="checkbox"/>	
Dyspnoea <input type="checkbox"/>	
Loss of activity <input type="checkbox"/>	

KOZHUPPU: INCREASED

☐

DECREASED

☐

NORMAL

☐

E. ENBU

INCREASED ENBU (BONE)	DECREASED ENBU (BONE)
Excess growth in bones and teeth <input type="checkbox"/>	Bones diseases <input type="checkbox"/>
	Loosening of teeth <input type="checkbox"/>
	Nails splitting <input type="checkbox"/>
	Falling of hair <input type="checkbox"/>

ENBU: INCREASED ☐ DECREASED ☐ NORMAL ☐

F. MOOLAI

INCREASED MOOLAI (BONE MARROW)	DECREASED MOOLAI (BONE MARROW)
Heaviness of the body <input type="checkbox"/>	
<input type="checkbox"/>	Osteoporosis <input type="checkbox"/>
Swollen eyes <input type="checkbox"/>	
<input type="checkbox"/>	Sunken eyes <input type="checkbox"/>
Swollen phalanges	
chubby fingers <input type="checkbox"/>	
Oliguria <input type="checkbox"/>	
Non healing ulcer <input type="checkbox"/>	

MOOLAI: INCREASED ☐ DECREASED ☐ NORMAL ☐

G. SUKKILAM / SURONITHAM

INCREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)	DECREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)
Infatuation and lust towards women / men <input type="checkbox"/>	Failure in reproduction <input type="checkbox"/>
Urinary calculi <input type="checkbox"/>	Pain in the genitalia <input type="checkbox"/>

SUKKILAM/SURONITHAM:

INCREASED ☐ DECREASED ☐ NORMAL ☐

[10] MUKKUTRA MIGU GUNAM

I. Vali Migu Gunam	1. Present	2. Absent
1. Emaciation	<input type="checkbox"/>	<input type="checkbox"/>
2. Complexion – blackish	<input type="checkbox"/>	<input type="checkbox"/>
3. Desire to take hot food	<input type="checkbox"/>	<input type="checkbox"/>
4. Shivering of body	<input type="checkbox"/>	<input type="checkbox"/>
5. Abdominal distension	<input type="checkbox"/>	<input type="checkbox"/>

6. Constipation	<input type="checkbox"/>	<input type="checkbox"/>
7. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
8. Weakness	<input type="checkbox"/>	<input type="checkbox"/>
9. Defect of sense organs	<input type="checkbox"/>	<input type="checkbox"/>
10. Giddiness	<input type="checkbox"/>	<input type="checkbox"/>
11. Lack of interest	<input type="checkbox"/>	<input type="checkbox"/>

II. Pitham Migu Gunam	1. Present	2. Absent
1. Yellowish discolouration of skin	<input type="checkbox"/>	<input type="checkbox"/>
2. Yellowish discolouration of the eye	<input type="checkbox"/>	<input type="checkbox"/>
3. Yellow coloured urine	<input type="checkbox"/>	<input type="checkbox"/>
4. Yellow faeces	<input type="checkbox"/>	<input type="checkbox"/>
5. Increased appetite	<input type="checkbox"/>	<input type="checkbox"/>
6. Increased thirst	<input type="checkbox"/>	<input type="checkbox"/>
7. Burning sensation over the body	<input type="checkbox"/>	<input type="checkbox"/>
8. Sleep disturbance	<input type="checkbox"/>	<input type="checkbox"/>

III. Kapham migu gunam	1. Present	2. Absent
1. Increased salivary secretion	<input type="checkbox"/>	<input type="checkbox"/>
2. Reduced activeness	<input type="checkbox"/>	<input type="checkbox"/>
3. Heaviness of the body	<input type="checkbox"/>	<input type="checkbox"/>
5. Body colour – fair complexion	<input type="checkbox"/>	<input type="checkbox"/>
5. Chillness of the body	<input type="checkbox"/>	<input type="checkbox"/>
6. Reduced appetite	<input type="checkbox"/>	<input type="checkbox"/>
7. Eraippu	<input type="checkbox"/>	<input type="checkbox"/>
8. Increased sleep	<input type="checkbox"/>	<input type="checkbox"/>

[11]. NOIUTRA KALAM

1. Kaarkaalam (Aug15-Oct14)	<input type="checkbox"/>	2. Koothirkaala (Oct15-Dec14)	<input type="checkbox"/>	3. Munpanikaalam (Dec15-Feb14)	<input type="checkbox"/>
4. Pinpanikaalam (Feb15-Apr14)	<input type="checkbox"/>	5. Ilavanirkaalam (Apr15-June14)	<input type="checkbox"/>	6. Muthuvenirkaalam (June15-Aug14)	<input type="checkbox"/>

[12]. NOI UTRA NILAM

1. Kurunji (Hilly terrain)	<input type="checkbox"/>	2. Mullai (Forest range)	<input type="checkbox"/>	3. Marutham (Plains)	<input type="checkbox"/>
4. Neithal (Coastal belt)	<input type="checkbox"/>	5. Paalai (Aried)	<input type="checkbox"/>		

FORM-III
LABORATORY INVESTIGATIONS

1. O.P No: _____ Lab.No_____ Serial No_____ Date of assessment _____

2. Name: _____

3.Age: _____ years

4. Date of birth:

--	--

--	--

--	--	--	--

D D M M Y E A R

Urine Examination

5. Sugar _____ 6. Albumin _____ 7.Deposits _____

Blood

8. TC _____ Cells/cu mm

9. DC: P____% L _____% E _____% M _____% B____%

10.Hb _____ gms%

11. ESR at 30 minutes _____ mm at 60 minutes _____mm

12. Blood Sugar - (R) _____mgs%

13. Serum Cholesterol _____mgs %

14. Blood urea _____mgs %

SPECIAL INVESTIGATIONS

15. X-Ray PNS

Date:

Signature of the Doctor

**GOVT SIDDHA HOSPITAL CHENNAI
DEPARTMENT OF PG NOI NAADAL**

**“A CLINICAL STUDY ON
SIDDHA STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOLS AND
INCLUDING LINE OF TREATMENT AND DIETARY REGIMEN OF PITHA
THALAI NOKKADU(MAXILLARY SINUSITIS)”**

FORM IV A

INFORMED WRITTEN CONSENT FORM

Iexercising my free power of choice, hereby give my consent to be included as a subject in the diagnostic trial entitled A study on **“PITHA THALAI NOKKADU”**. I will be required to undergo all routine examinations. I may be asked to give urine and blood samples during the study.

I have been informed about the study to my satisfaction by the attending investigator and the purpose of this trial and the nature of study and the laboratory investigations. I also give my consent to publish my urine sample photographs in scientific conferences and reputed scientific journals for the betterment of clinical research (ensuring the confidentiality)

I am also aware of my right to opt out of the trial at any time during the course of the trial without having to give the reasons for doing so.

Signature /thumb impression of the patient:

Date :

Name of the patient :

Signature of the investigator :

Head of the Department :

Date :

அரசுசித்தமருத்துவகல்லூரி சென்னை-106

பட்டமேற்படிப்புநோய்நாடல் துறை

- நோய் கணிப்புமுறைமற்றும்

குறிகுணங்களைபற்றிய ஓர் ஆய்வு

பதிவுஎண்: (2014-2017)

ஒப்புதல் படிவம்

ஆய்வாளரால் சான்றளிக்கப்பட்டது

நான் இந்தஆய்வைகுறித்தஅனைத்துவிபரங்களையும் நோயாளிக்குபுரியும் வகையில் எடுத்துரைத்தேன் எனஉறுதியளிக்கிறேன்.

தேதி:

கையொப்பம்:

இடம்:

பெயர்:

நோயாளியின் ஒப்புதல்

நான் ----- என்னுடையசுதந்திரமாகதேர்வுசெய்யும் உரிமையைக் கொண்டு இங்குதலைப்பிடப்பட்ட “பித்ததலை நோக்காடு”

” நோயை கணிப்பதற்கான மருத்துவ ஆய்விற்கு என்னை உட்படுத்த ஒப்புதல் அளிக்கிறேன்.

என்னிடம் இந்தமருத்துவ ஆய்வின் காரணத்தையும்,மருத்துவ ஆய்வுக்கூட பரிசோதனைகள் பற்றிதிருப்திஅளிக்கும் வகையில் ஆய்வுமருத்துவரால் விளக்கிக் கூறப்பட்டது. மேலும் எனக்கு மருந்துகள் அகமற்றும் புறநோயாளிகள் பகுதியில் வழங்கப்படும் என்பதும் தெரிவிக்கப்பட்டுள்ளது.

நான் இந்தமருத்துவஆய்வின் போதுகாரணம் எதுவும் கூறாமல், எப்பொழுது வேண்டுமானாலும் இந்தஆய்விலிருந்து என்னை விடுவித்து கொள்ளும் உரிமையை தெரிந்திருக்கின்றேன்.

தேதி:

இடம்:

கையொப்பம்:

பெயர்:

தேதி:

சாட்சிக்காரர்கையொப்பம்:

இடம்:

பெயர்:

“”

உறவுமுறை:

FORM - IV-E
PATIENT INFORMATION SHEET

PURPOSE OF RESEARCH AND BENEFITS:

The diagnostic research study in which your participation is proposed to assess the diagnostic methods in Siddha methodology in “**PITHA THALAINOKKADU**” patients. It is expected that you would benefit from this study. Knowledge gained from this study would be of benefit to patients suffering from such conditions for the diagnosis and prognosis.

STUDY PROCEDURE:

You will be interviewed and examined as OP and IP patients at the study centre. At the first visit the physician will conduct a brief physical examination and assess the condition followed by Envagaithervu and routine blood and urine analysis. After matching the inclusion criteria you will be included in this study and you will be examined on the basis of Envagaithervu

POSSIBLE RISK:

During this study there may be a minimum pain to you while drawing blood sample.

CONFIDENTIALITY:

Your medical records will be treated with confidentiality and will be revealed only to other doctors / scientists. The results of this study may be published in a scientific journal, but you will not be identified by your name.

YOUR PARTICIPATION AND YOUR RIGHTS:

Your participation in this study is voluntary and you may be withdrawn from this study at anytime without having to give reasons for the same. You will be informed about the findings that occur during the study. If you do agree to take part in this study, your health record will need to be made available to the investigators. If you don't wish to participate at any stage, the level of care you receive will in no way be affected.

The Ethics committee cleared the study for undertaking at OPD and IPD, AAGH, CHENNAI. Should any question arise with regards to this study you contact following person.

P.G scholar Dr.T.Suresh 3rd Year,

Department of PG NoiNaadal

Govt Siddha medical college,

Chennai 106.

E mail: drsuresh1610@gmail.com

Mobile no : 9788024387

அரசு சித்த மருத்துவ கல்லூரி,
பட்டமேற்படிப்புநோய்நாடல் துறை
நோய் கணிப்பில் எண்வகைத்தேர்வின் பங்குபற்றிய ஓர் ஆய்வு
நோயாளியின் தகவல் படிவம்

ஆய்வின் நோக்கமும் பயனும்:

தாங்கள் பங்கெடுத்துக் கொள்ளும் இவ்வாய்வு சித்தமருத்துவ முறையில் நோயைக் கணிப்பதற்கான ஓர் ஆய்வுமுறை. இதன் பயனாக தங்களைப் போன்று பாதிப்புக்குள்ளாகும் நோயரின் நோய்கணிப்புக்குபயனாகும்.

ஆய்வுமுறை:

தாங்கள் நேர்காணல் மற்றும் பரிசோதனைகளின் மூலம் உள்நோயாளி, வெளிநோயாளி பிரிவில் ஆய்வு செய்யப்படுவீர்கள். முதல் நேர்காணலின் போது ஆய்வாளரால் உடலின் பொதுபரிசோதனை, எண்வகைத் தேர்வு சோதனைகள், நீர் மற்றும் இரத்தப் பரிசோதனை செய்து குறிப்பிட்ட குறிகுணங்கள் இருப்பின் இவ்வாய்விற்காக எடுத்துக் கொள்ளப்படுவீர்கள்.

நேரும் உபாதைகள்:

இவ்வாயில் இரத்தபரிசோதனைக்காக இரத்தம் எடுக்கும் போது சிறிது வலி ஏற்படலாம்.

நம்பகத்தன்மை:

தங்களின் மருத்துவஆவணங்கள் அனைத்தும் மருத்துவர் ஆய்வாளர் அல்லாத பிறரிடம் தெரிவிக்கப்படமாட்டாது.

நோயாளியின் பங்களிப்பும் உரிமைகளும்:

இவ்வாய்வில் தங்களின் பங்களிப்புதன்னிச்சையானது. இவ்வாய்வில் தாங்கள்

ஒத்துழைக்க இயலவில்லையெனில் எப்பொழுதுவேண்டுமானாலும் காரணம் எதுவும் கூறாமல் விலகிக்கொள்ளலாம். இவ்வாய்வின்போது அறியப்படும் தகவல்கள் தங்களுக்கு தெரிவிக்கப்படும். நோயாளியின் ஒப்பதலுக்கிணங்க நோய்கணிப்புவிவரங்களை ஆய்வாளர்பயன்படுத்திக்கொள்வார். நோயாளி ஆய்வினிடையே ஒத்துழைக்க மறுத்தாலும், எந்தநிலையிலும் நோயாளியை கவனிக்கும் விதம் பாதிக்கப்படமாட்டது. நிறுவன நெறிமுறை குழுவும் மேற்கண்ட ஆய்வினை மேற்கொள்ள ஒப்புதல் அளித்துள்ளது. ஆய்வு குறித்த சந்தேகங்கள் இருப்பின் கீழ்க்கண்ட நபரை தொடர்புகொள்ளவும்.

பட்டமேற்படிப்பாளர்:

மரு.த. சுரேஷ்

பட்டமேற்படிப்பு -நோய் நாடல் துறை,

அரசசித்தமருத்துவக் கல்லூரி, சென்னை-106

மின் அஞ்சல்: drsuresh1610@gmail.com

அலைபேசி எண்: 9788024387

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The Tamil Nadu Dr. M.G.R. Medical University

69, Anna Salai, Guindy, Chennai - 600 032.

This Certificate is awarded to Dr/Mr/Mrs.....*T. Suresh*.....
for participating as Resource Person / Delegate in the Nineteenth Workshop on

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Arumbakkam, Chennai-106


Communication Of The Decision Of Institutional Ethics Committee (IEC)

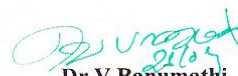
IEC No: GSMC-CH-ME-4/2015/024

Protocol title: A CLINICAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOLS OF PITHA THALAINOKKADU (MAXILLARY SINUSITIS) INCLUDING LINE OF TREATMENT AND DIETARY REGIMEN.						
Principal Investigator: Dr.T.SURESH						
Name & Address of Institution: Government Siddha Medical College, Arumbakkam, Chennai-106						
<input checked="" type="checkbox"/> New Review	<input type="checkbox"/> Revised Review	<input type="checkbox"/> Expedited Review				
Date of review (DD/MM/YY):						
Date of Previous Review, If Revised Application:						
Decision of the IEC <table style="width: 100%;"><tr><td><input type="checkbox"/> Recommended</td><td><input checked="" type="checkbox"/> Recommended with suggestions</td></tr><tr><td><input type="checkbox"/> Revision</td><td><input type="checkbox"/> Rejected</td></tr></table>			<input type="checkbox"/> Recommended	<input checked="" type="checkbox"/> Recommended with suggestions	<input type="checkbox"/> Revision	<input type="checkbox"/> Rejected
<input type="checkbox"/> Recommended	<input checked="" type="checkbox"/> Recommended with suggestions					
<input type="checkbox"/> Revision	<input type="checkbox"/> Rejected					
Suggestions / Reasons / Remarks: 1. To change the title as observational study instead of clinical study.						
Recommended for a period of 2 years						

Please Note:

- Inform IEC immediately in case of any adverse events/serious drug reaction.
- Seek IEC approval in case of any change in the study procedure, site and investigator
- This approval is valid only for period mentioned above
- IEC member have the right to review the trial with prior intimation.


Dr.P.Jeyaprakashnarayanan
Chairman


Dr.V.Banumathi
Member Secretary

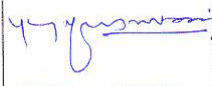
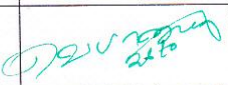

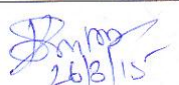

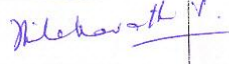

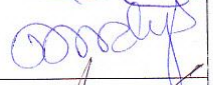
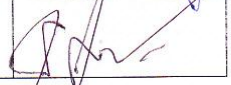
INSTITUTIONAL ETHICS COMMITTEE

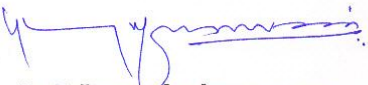
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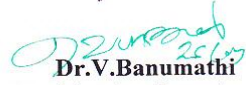
Sub: IEC review of research

proposals.

Ref: Your letter dated

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